

**IN THE UNITED STATES OF AMERICA
EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
BALTIMORE FIELD OFFICE**

CLAUDIA RAUSCH,	)	
	)	EEOC NO. 531-2022-00289X
COMPLAINANT,	)	
	)	AGENCY NO. HHS-HRSA-0061-2022
v.	)	
	)	
XAVIER BECERRA	)	ADMINISTRATIVE JUDGE
SECRETARY	)	
UNITED STATES DEPARTMENT OF	)	
HEALTH AND HUMAN SERVICES,	)	
	)	JANUARY 2, 2023
AGENCY.	)	
	)	

COMPLAINANT’S THIRD MOTION TO AMEND COMPLAINT

Pursuant to 29 C.F.R. §1614.106(d), Federal Rule of Civil Procedure 15, and The Equal Employment Opportunity Commission (“Commission”)’s Management Directive 110 (“MD-110”), Complainant, Claudia Rausch, *Pro Se*, (“Complainant” or “Ms. Rausch”) respectfully moves to amend her complaint a third time, to include new claims of discrimination and retaliation on the grounds that they arose from the instant complaint and are like the original claims in this instant complaint. Ms. Rausch reserves the right to supplement this motion to include additional supporting facts and full legal argument in support.

Complainant moves that the following claim(s) be added to the pending instant complaint:

- A. Whether the U.S. Department of Health and Human Services (“Agency”) or agents acting on behalf of the Agency, subjected Ms. Rausch to discrimination and a pattern of retaliatory harassment on the basis(s) of sex (female), national origin (Mexican-

American), race (Hispanic), disability (Panic attacks and anxiety, perceived or otherwise), reprisal, (protected EEO-Activity and protected opposition), when:

1. On October 17, 2022, Carolyn Nganga-Good, Complainant's first-level supervisor, misrepresented her discussion with Complainant regarding the agreed upon timeframe to finish two dispute cases. ***See attached emails.***
2. On November 4, 2022, the Agency charged Complainant with AWOL. ***See pg. 23 of Agency's proposed removal attached.***
3. On November 7, 2022, the Agency charged Complainant with AWOL. ***See pg. 23 of Agency's proposed removal attached.***
4. On November 7, 2022, David Loewenstein, Complainant's third-level supervisor discredited Complainant's claims of retaliatory harassment and refused to take action on her concerns. ***See attached email.***
5. On November 9, 2022, the Agency's Reasonable Accommodation office made an unlawful medical inquiry about Complainant's disability, despite already having adequate record of Complainant's qualifications for a reasonable accommodation.
6. The Agency's Reasonable Accommodation office gave Complainant only a 3-day notice that it needed additional medical information before denying her a reasonable accommodation at the end of the three days. ***See attached email.***
7. On December 1, 2022, Complainant discovered the Agency was using an app called "Display Link" to watch and monitor her EEO activity.

8. On December 1, 2022, Carolyn Nganga-Good, Complainant's first-level supervisor, proposed removal of complainant from the federal service. ***See attached December 1, 2022 Proposed Removal.***
9. On December 1, 2022, Complainant's access to the Agency's computer network system was suspended immediately after the Proposed Removal was provided and she was placed on Notice Leave. ***See attached.***
10. From December 1, 2022, till present, Complainant experienced electronic interference when attempting to access evidence needed to rebuttal the Agency's proposed removal.
11. From December 1, 2022, till present, Complainant has experienced electronic interference when attempting to draft her rebuttal to the Agency's proposed removal.
12. The Agency sent the December 1, 2022, Proposed Removal to the wrong address of 1504 McGrath Blvd, Apt 212, North Bethesda, MD 20852. ***See attached.***
- 13.** The Agency's December 1, 2022 Proposed Removal required a 5 day advanced notice from Complainant if she were planning to reply, for the purposes of facilitating the Agency's plan to use electronic interference to impede with Complainant's ability to reply. ***See page 27 of proposed removal attached.***
14. From December 1, 2022, till present, the Agency or agents acting on behalf of the Agency, have used electronic surveillance and interference to impede Complainant's ability to respond to the December 1, 2022, proposed removal.

15. On December 1, 2022, the Agency downloaded the program “Squirrel” on Complainant’s work laptop so that it could be controlled through Bluetooth. ***See attached.***
16. On December 1, 2022, the Agency blocked Complainant’s personal email address from being able to contact Agency management officials.
17. The December 1, 2022 Proposed Removal was not based on factual evidence nor did the Agency present any evidence to support its explanation for the proposed removal. ***See attached.***
18. On December 1, 2022, the Agency did not provide Complainant with notice of her appeal rights to the proposed removal, as required by Public Law 115-91, section 1097(b)(2)(A) and 5 C.F.R. Sec. 752.404(b)(1). ***See attached.***
19. The December 1, 2022, Proposed Removal was primarily based on Complainant’s protected opposition and refusal to forgo the original source of evidence needed to prove Complainant’s claims of electronic surveillance and interference in this instant complaint. ***See attached Proposed Removal, Charge 1, Specifications 1 through 7, and related emails attached.***
20. The December 1, 2022, Proposed Removal was partially based on newly placed tighter deadlines on two dispute case decision letters, despite the deadlines being unsupported by the performance management appraisal program, position description and routine practice. ***See “Specification 8” on pg. 4 of attached Proposed Removal.***

- 21.** The December 1, 2022, Proposed Removal was partially based on the late completion of a task that resulted from continuous retaliatory harassment that interfered with Complainant's work progress. ***See "Specification 9" on pg. 5 of attached Proposed Removal and the October 21, 2022 email between Claudia Rausch and Carolyn Nganga-Good.***
- 22.** The December 1, 2022, Proposed Removal was partially based on Complainant's opposition to retaliatory instructions that the Agency knew Complainant believed would put her in danger and cause her irreparable harm. ***See specification 10 on page 5 of proposed removal and related emails attached.***
- 23.** The December 1, 2022, Proposed Removal was partially based on a September 21, 2022 Leave and Telework Restriction that was placed for the purposes of retaliating against complainant. ***See Specifications 11 through 47 on pages 5-12 of proposed removal and related emails attached.***
- 24.** The December 1, 2022, Proposed Removal was partially supported on findings made through a retaliatory investigation in which the Agency began tracking the location and IP address of Complainant's Virtual Private Network (VPN) and Internet Service Provider on March 28, 2022. ***See attached Agency's Evidence File.***
- 25.** The December 1, 2022, Proposed Removal presented no evidence to support the Agency's allegations that Complainant did not follow telework policy. ***See Charge 2, Specifications 1 through 81 on pages 12-22 of proposed removal.***
- 26.** The December 1, 2022, Proposed Removal was partially based on constructive AWOL charges that would not have occurred if it weren't for the Agency's retaliatory

animus against complainant. ***See Charge 3, Specifications 1 through 4 on pages 22-23 of proposed removal and attached email trail between Ms. Rausch and Agency management regarding leave restriction and AWOL.***

- 27.** The December 1, 2022, Proposed Removal's penalty analysis presents no evidence nor cites any evidence to suggest that it considered Douglas factors, or any factors at all in coming to the decision to remove Complainant. ***See pgs. 24-25 of proposed removal.***
- 28.** On December 3, 2022, unauthorized access to Complainant's primary email address of claudiamarausch@hotmail.com occurred and synced it with other services.
- 29.** On December 7, 2022, the Agency sent Complainant the notice of the Report of Investigation ("ROI") to the wrong address of 1504 McGrath Blvd, Apt 212, North Bethesda, MD 20852. ***See Agency's December 8, 2022 letter filing to FEDSEP.***
- 30.** On December 7, 2022, the Agency threatened to dismiss Complainant's case if they did not receive a notice of Hearing ***by email*** in 30 days, despite confirming receipt of Hearing request on August 3, 2022. ***See attached August 3, 2022 email from Angela Washington.***
- 31.** On December 8, 2022, the Agency included Complainant's personal identifiable information (PII) and date of birth in the ROI. See ***Dr. Durrani's progress notes in ROI.***
- 32.** On December 8, 2022, the Agency blocked off material facts from the ROI under the guise that it sanitized the ROI. ***See December 8, 2022 ROI the Agency uploaded to FEDSEP.***

33. On December 8, 2022, the Agency excluded a significant amount of material evidence it has in its possession from the ROI. ***See attached documents.***
34. Agency management officials asserted having no knowledge of Complainant's experience of discrimination and retaliation during the EEO investigation into this instant complaint. ***See December 8, 2022 ROI.***
35. From December 8, 2022, till present, Complainant has experienced electronic interference when attempting to access the ROI and EEOC Public Portal.
36. From December 10, 2022, till present, Complainant's downloads of the ROI have been changed and switched with different documents on her electronic devices through electronic interference protocols.
37. From December 10, 2022, till present, Complainant has experienced electronic interference when she tries to create a new email account or increase the security of her current email accounts.
38. From December 10, 2022, till present, Complainant's amazon packages containing cyber security products have been stolen, intercepted, or interfered with.
39. From December 10, 2022, till present, unauthorized devices such as an Apple Watch, have been syncing to Complainant's personal iPhone without Complainant's authorization.
40. From December 10, 2022, till present, Complainant has experienced electronic surveillance, interference and account takeover of her personal online accounts, phones, computers, internet service provider, and related services, all which have interfered with her protected EEO-activity.

41. On December 30, 2022, Complainant discovered that her August 2022 Motion for Default Judgment was electronically interfered with before submission as it is missing part of the original statement of facts and related attached emails.
42. On December 30, 2022, Complainant discovered her online submission to Congressman Jaime Raskins was electronically interfered with, as he received a duplicate submission with a reference to the wrong federal Agency. ***See attached.***
43. On January 2, 2023, Complainant experienced electronic interference during the drafting of this document as part of the drafted claims had been erased on their own.

CONCLUSION

Ms. Rausch respectfully requests that this motion to amend her complaint in this instant case be granted and reserves all rights to supplement this motion with further supporting documentation and legal argument if necessary.

Respectfully Submitted,

Claudia Rausch

Claudia Rausch, Complainant
5401 McGrath Blvd, Apt 1504
North Bethesda, MD 20852
Phone: 915-422-4583
email: claudiamaraus@hotmai.com

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing COMPLAINANT'S THIRD MOTION TO AMEND COMPLAINT, was served by the methods indicated below to the individuals on January 2, 2023.

Respectfully Submitted,

Claudia Rausch

Claudia Rausch
Complainant

By Electronic Mail / FEDSEP
Anthony Archeval
aarcheval@hrsa.gov

By FEDSEP
HHS Attorney of Record

By FEDSEP
Administrative Judge
Equal Employment Opportunity Commission

Rausch, Claudia (HRSA)

From: Nganga-Good, Carolyn (HRSA)
Sent: Wednesday, March 2, 2022 2:37 PM
To: Rausch, Claudia (HRSA)
Cc: Loewenstein, David (HRSA)
Subject: RE: Out sick - Laptop Refresh

Reviewed and determined by all the above.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane 11N142, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Tuesday, March 1, 2022 2:41 PM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Subject: RE: Out sick - Laptop Refresh

Thanks for your email, Carolyn.

It has been reviewed and determined by who?

You? Dave? OIT? Or someone at HRSA? I would appreciate any clarification you can provide.

Thank you,

Claudia M. Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: clausch@hrsa.gov

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Tuesday, March 1, 2022 12:51 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Subject: RE: Out sick - Laptop Refresh

Hi Claudia,

Your request has been reviewed and determined that the information you provided would not preclude you from completing the laptop refresh. HRSA has the right and responsibility to maintain their government furnished equipment (GFE) and they have determined this refresh is necessary.

Therefore, I expect you to complete your laptop refresh by close of business on **March 15, 2022**. In the event you miss your appointment for the refresh, e.g. due to you being unexpectedly out of the office, travel, etc., you must coordinate with OIT to complete your laptop refresh the next work day you are on duty, and before the March 15 deadline. Let me know when your appointment is confirmed.

Additionally, OIT has assured us that they will store your old laptop while there is ongoing litigation. The laptop will not be wiped.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane 11N142, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Friday, February 25, 2022 9:42 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Subject: RE: Out sick - Laptop Refresh

Hi Carolyn,

In reviewing the applicable laws, I reported concerns regarding things I found on my laptop to the FBI and Congress.

I believe refreshing my laptop right now would amount to violations of the U.S. criminal code pursuant to 18 U.S.C. Ch. 73 §1505, §1510, and §1512.

Accordingly, I asked the Division Director of OIT for an extension as explained in my email to her which I courtesy copied you on. I think it's reasonable to at least wait till Congress inquires about the matter.

I'll let you know if the outcome.

Thank you,

Claudia M. Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: clausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Thursday, February 24, 2022 2:27 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: RE: Out sick - Laptop Refresh
Importance: High

Hi Claudia,

I have not heard back from you regarding the laptop refresh rescheduling. Please plan to have the refresh done **by COB tomorrow, 2/25**. Let me know if there are any challenges, but note that this needs to be done as soon as possible.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane 11N142, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, February 23, 2022 10:36 AM

To: Claudia Marie Rausch <claudiamarauschi@hotmail.com>

Cc: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Subject: RE: Out sick

Hi Claudia,

Thank you for the notification. When possible, please ensure that your leave and adhoc TW (if applicable) are submitted and verify your timecard when the leave is approved as the timecards are due tomorrow.

If I recall correctly, you told me that your laptop refresh is scheduled for today, right? If so, please advise on when you anticipate to get it done.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane 11N142, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Claudia Marie Rausch <claudiamarauschi@hotmail.com>

Sent: Wednesday, February 23, 2022 9:04 AM

To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Cc: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Subject: [EXTERNAL] Out sick

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

Good morning Carolyn,

I'm not feeling well today and will need to take sick leave today; I will update ITAS momentarily.

Thank you,

Claudia Rausch

Sent from my iPhone



Office of Representative Jamie Raskin

Digital Privacy Release Form

Complete the form below to request help with a Federal Agency. When complete, click Submit to send to our office for assistance.

Fields marked with * are required

Please Provide Applicable Identifying Information

Agency Involved

Department of Health and Human Services

Prefix	First Name	MI	Last Name
	Claudia		Rausch

Social Security Number	DOB	Email Address	Phone Number
***	**/**/****	crausch@hrsa.gov	9154224583

Street Address Line 1	Street Address Line 2	City	State	Zip Code
5401 McGrath Blvd	Apt 1504	North Bethesda	MD	20852

Agency Case Number	Mortgage Loan Number Rank	Military Rank
HHS-HRSA-0061-2022	N/A	N/A

Have you contacted any other elected official regarding this case?

No

If Yes, Officials Name?

Please explain the problem and the resolution/outcome you are seeking:

Dear Honorable Congressman Jaime Raskin: My name is Claudia Rausch and I am a federal employee with the U.S. Department of Health and Human Services ("HHS" and/or "Agency"). I need your help regarding continued cyber attacks and electronic harassment I've experienced over the past year that appears to have been made by the Agency and/or its agents, clearly intended to interfere with my pursuance of EEO activity and my right to challenge the employment practices of the Agency that I perceive to be discriminatory. I also respectfully request your help in asking the Agency to extend the deadline to renew (refresh) my work laptop, as it contains all the evidence I need to prove new retaliation claims I've made through the EEOC's complaint process about the continued cyber attacks. The Agency is currently attempting to coerce me into renewing (refreshing) my work laptop, and I am reasonably concerned this will impede the due and proper administration of the pending EEO investigation into the cyberattacks. The majority of the evidence of the retaliatory cyber attacks exists on my work laptop and I fear the integrity and availability of the evidence for my current EEO complaint will be negatively impacted if I refresh my current work laptop and hand it over to the Agency. To provide some background, after challenging some of the Agency's employment practices which I perceive to be discriminatory between August 2019 till present, I discovered in November of 2021 that the Agency and/or its agents, established a local network of Bluetooth and surveillance devices near and around my apartment home for the purposes of interfering with my pursuance of an EEO complaint. The interference resulted in the alteration of evidence, as several exhibits I intended to use during the EEOC hearing became unuploadable to the EEOC portal, and continued network interferences occurred whenever I had an EEOC complaint related deadline, which have required me to go to extreme measures to counteract. This is further evident by much of the logged information on my work laptop which evidences the various devices that have accessed my browsers, to include a Google "Nest Hub" and Google "Nest Max", which appears to belong to my next door neighbor as I discovered he purchased a Nest product during the timeframe I was I discovered the Nest Hub/Max was hacking into my browsers and I experienced issues in accessing the EEOC's website, both on my federal work computer and personal computer. Accountable parties have gone as far as fraudulently charged fees for "google signal" to my personal bank account. I desperately need your help and don't know who to turn to. Your time and attention to this matter is greatly appreciated. Respectfully, Claudia Rausch claudiamaraus@hotmai.com / ceraus@hrsa.gov

Constituent Authorization

To be able to assist you, we must have a signed privacy release form that clearly outlines your problem and the remedy you are seeking. By checking the box below you are giving our office permission to look into the matter on your behalf. Please make sure to attach below any relevant identifying information and supporting documents which relate to your inquiry.

☒ I hereby request the assistance of the Office of Representative Jamie Raskin to resolve the matter described below. I authorize the Office of Representative Jamie Raskin to receive any information that they might need to provide this assistance. The information I have provided to the Office of Representative Jamie Raskin is true and accurate to the best of my knowledge and belief. The assistance I have requested from the Office of Representative Jamie Raskin is in no way an attempt to evade or violate any federal, state, or local law.

Date/Time

2/25/2022 8:53:17 AM

* Signature

Claudia Rausch





Office of Representative Jamie Raskin

Digital Privacy Release Form

Complete the form below to request help with a Federal Agency. When complete, click Submit to send to our office for assistance.

Fields marked with * are required

Please Provide Applicable Identifying Information

Agency Involved

Department of Housing and Urban Development

Prefix	First Name	MI	Last Name
	Claudia		Rausch

Social Security Number	DOB	Email Address	Phone Number
***	**/**/****	crausch@hrsa.gov	9154224583

Street Address Line 1	Street Address Line 2	City	State	Zip Code
5401 McGrath Blvd	Apt 1504	North Bethesda	MD	20852

Agency Case Number	Mortgage Loan Number Rank	Military Rank
N/A	N/A	N/A

Have you contacted any other elected official regarding this case?

No

If Yes, Officials Name?

Please explain the problem and the resolution/outcome you are seeking:

Dear Honorable Congressman Jaime Raskin: My name is Claudia Rausch and I am a federal employee with the U.S. Department of Health and Human Services ("HHS" and/or "Agency"). I need your help regarding continued cyber attacks and electronic harassment I've experienced over the past year that appears to have been made by the Agency and/or its agents, clearly intended to interfere with my pursuance of EEO activity and my right to challenge the employment practices of the Agency that I perceive to be discriminatory. I also respectfully request your help in asking the Agency to extend the deadline to renew (refresh) my work laptop, as it contains all the evidence I need to prove new retaliation claims I've made through the EEOC's complaint process about the continued cyber attacks. The Agency is currently attempting to coerce me into renewing (refreshing) my work laptop, and I am reasonably concerned this will impede the due and proper administration of the pending EEO investigation into the cyberattacks. The majority of the evidence of the retaliatory cyber attacks exists on my work laptop and I fear the integrity and availability of the evidence for my current EEO complaint will be negatively impacted if I refresh my current work laptop and hand it over to the Agency. To provide some background, after challenging some of the Agency's employment practices which I perceive to be discriminatory between August 2019 till present, I discovered in November of 2021 that the Agency and/or its agents, established a local network of Bluetooth and surveillance devices near and around my apartment home for the purposes of interfering with my pursuance of an EEO complaint. The interference resulted in the alteration of evidence, as several exhibits I intended to use during the EEOC hearing became unuploadable to the EEOC portal, and continued network interferences occurred whenever I had an EEOC complaint related deadline, which have required me to go to extreme measures to counteract. This is further evident by much of the logged information on my work laptop which evidences the various devices that have accessed my browsers, to include a Google "Nest Hub" and Google "Nest Max", which appears to belong to my next door neighbor as I discovered he purchased a Nest product during the timeframe I was I discovered the Nest Hub/Max was hacking into my browsers and I experienced issues in accessing the EEOC's website, both on my federal work computer and personal computer. Accountable parties have gone as far as fraudulently charged fees for "google signal" to my personal bank account. I desperately need your help and don't know who to turn to. Your time and attention to this matter is greatly appreciated. Respectfully, Claudia Rausch (alternate email address is claudiamarausch@hotmail.com)

Constituent Authorization

To be able to assist you, we must have a signed privacy release form that clearly outlines your problem and the remedy you are seeking. By checking the box below you are giving our office permission to look into the matter on your behalf. Please make sure to attach below any relevant identifying information and supporting documents which relate to your inquiry.

☒ I hereby request the assistance of the Office of Representative Jamie Raskin to resolve the matter described below. I authorize the Office of Representative Jamie Raskin to receive any information that they might need to provide this assistance. The information I have provided to the Office of Representative Jamie Raskin is true and accurate to the best of my knowledge and belief. The assistance I have requested from the Office of Representative Jamie Raskin is in no way an attempt to evade or violate any federal, state, or local law.

Date/Time

2/25/2022 8:49:20 AM

* Signature

Claudia Rausch



Rausch, Claudia (HRSA)

Subject: FW: HRSA: Murder in Ancient Egypt
Location: <https://teambuilding.zoom.us/j/95746964630>

Start: Tue 3/8/2022 2:00 PM
End: Tue 3/8/2022 3:30 PM
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: teambuilding Clients

-----Original Appointment-----

From: teambuilding Clients <museumhack.com_gksahidmsobos87blvedhsu4o@group.calendar.google.com>
Sent: Thursday, February 10, 2022 8:37 AM
To: teambuilding Clients; HRSA BHW DPDB Staff; Moran, Michael (HRSA)
Subject: HRSA: Murder in Ancient Egypt
When: Tuesday, March 8, 2022 2:00 PM-3:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: <https://teambuilding.zoom.us/j/95746964630>

You have been invited to the following event.

HRSA: Murder in Ancient Egypt

When Tue Mar 8, 2022 12pm – 1:30pm Mountain Standard Time - Phoenix

Where <https://teambuilding.zoom.us/j/95746964630> (map)

Calendar mmoran@hrsa.gov

Who

- derek.meyferth@teambuilding.com - creator
- mmoran@hrsa.gov

[more details »](#)

HRSA: Murder in Ancient Egypt

Tue, Mar 08 2022 2:00 PM Eastern Time (US & Canada)

Booking Information:

Contact Name: Mike Moran / mmoran@hrsa.gov /

Booking Advisor: stephanie@teambuilding.com

Join Zoom Meeting

<https://teambuilding.zoom.us/j/95746964630>

Meeting ID: 957 4696 4630

(Your Zoom room will open at your event's start time)

Tentative Agenda:

10 min | Intro and team formations

60 min | Series of clues and puzzles

10 min | Mysteries revealed + wrap up

*10 min buffer

Do This Before Your Event:

1. If you haven't already, download the latest version of Zoom on your computer or tablet.
2. Pre-event tech jitters? Here's an easy test to ensure your video and audio works (you will be using both for this event!):
<https://zoom.us/test>
3. If you're unable to utilize the Zoom app, you can easily join via web browser (full features, no login required!):
<https://join.zoom.us>

May We Suggest:

1. Have reliable internet and a quiet location (or headphones, if it's not).
2. Bring a tasty snack and beverage!
3. If you'll be in the same place as your pet, please tell your pet we'd like a cameo during the event.

Please let us know if you have multiple guests in the same office, all virtual or hybrid.

For any urgent issues within one hour of your event start time, please text us with your name, company, and event start time at 404-975-1176. We're available regularly from Monday-Friday between 8am-8pm ET.

Going (mmoran@hrsa.gov)? [Yes](#) - [Maybe](#) - [No](#) [more options »](#)

Invitation from [Google Calendar](#)

You are receiving this courtesy email at the account mmoran@hrsa.gov because you are an attendee of this event.

To stop receiving future updates for this event, decline this event. Alternatively you can sign up for a Google account at <https://calendar.google.com/calendar/> and control your notification settings for your entire calendar.

Forwarding this invitation could allow any recipient to send a response to the organizer and be added to the guest list, or invite others regardless of their own invitation status, or to modify your RSVP. [Learn More](#).

From: [Nganga-Good, Carolyn \(HRSA\)](#)
To: [Claudia Marie Rausch](#)
Cc: [Rausch, Claudia \(HRSA\)](#)
Subject: RE: Out sick
Date: Friday, July 29, 2022 2:12:08 PM

Hi Claudia,

Thank you for the notification. I hope you feel better. I will approve your ITAS request once submitted.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Claudia Marie Rausch <claudiamarausch@hotmail.com>
Sent: Friday, July 29, 2022 9:33 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: [EXTERNAL] Out sick

Hi Carolyn,

I'm emailing you to let you know that I will need to be out on sick leave today. I will update ITAS momentarily.

Not sure if today is one of your AWS days, so have CC'd Melissa just in case.

Thank you,

Claudia Rausch

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

From: [Washington, Angela \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Cc: [eeocomplaints](#); [Archeval, Anthony \(HRSA\)](#); [Toledo, Oscar \(HRSA\)](#)
Subject: RE: HHS-HRSA-0061-2022
Date: Wednesday, August 3, 2022 3:09:39 PM
Importance: High
Sensitivity: Confidential

Good afternoon Ms. Rausch-

This is to confirm receipt of your Hearing request.

Thank you,

Angela Washington

Angela Washington | Senior EEO Specialist
Health Resources and Services Administration (HRSA) | Office of Civil Rights, Diversity and Inclusion (OCRDI)
5600 Fishers Lane, 14N154| Rockville, MD | Phone: (301) 443-3619 | Fax: (301) 443-7898 |
AWashington@hrsa.gov

If you have any questions about our services, or are experiencing accessibility issues with an attachment, please email OCRDI@hrsa.gov or call 301-443-5636. Please do not send confidential information or documents to OCRDI@hrsa.gov.

We value your feedback. Complete our OCRDI Customer Satisfaction Survey.

This message, along with any attachments, is covered by federal and state law governing electronic communications and may contain confidential and legally privileged information. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, use, or copying of this message is strictly prohibited. If you have received this message in error, please notify the sender immediately by replying, "received in error" and delete the message. Thank you.

-----Original Message-----

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, August 3, 2022 2:51 PM
To: Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>
Cc: Washington, Angela (HRSA) <AWashington@hrsa.gov>; [eeocomplaints](mailto:eeocomplaints@hrsa.gov) <eeocomplaints@hrsa.gov>
Subject: HHS-HRSA-0061-2022

Dear Mr. Archeval,

Please see my hearing request attached.

Thank you,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
) : 301-945-3059 | 3: clausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: [Rausch, Claudia \(HRSA\)](#)
To: [Moore, Melissa \(HRSA\)](#)
Cc: [Carolyn Nganga-Good \(HRSA\) \(cnganga-good@hrsa.gov\)](#); [Loewenstein, David \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Rausch, Claudia \(HRSA\)](#)
Bcc: claudiamarausch@hotmail.com
Subject: Reply to July 20, 2022 Proposed Suspension
Date: Wednesday, August 24, 2022 5:40:00 AM
Attachments: [8-22-2022 Reply and attachmentsSIGNED.pdf](#)

Melissa,

My apologies for the delay, I was out unexpectedly on August 22 and 23rd, 2022.

My reply to the Agency's July 20, 2022 Proposed Suspension is attached.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
); 301-945-3059| 3: clausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville, MD 20857

September 16, 2022

Claudia Rausch
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Claudia Rausch:

It is my pleasure to congratulate you on being selected to receive the Health Resources and Services Administration (HRSA) Citation for Outstanding Group Performance for your participation in the Health Care Practitioner Portal Phase 1 Team. Your dedication to public service is a benefit to HRSA and the communities we serve.

I invite you to join us for the 40th HRSA Honor Awards Ceremony at 1:00 p.m. on Tuesday, November 29, 2022. You will receive more details on the venue closer to the date of the event. I look forward to celebrating your contributions to the agency.

Thank you for your hard work and dedication to HRSA's mission.

Congratulations!

Sincerely,

A handwritten signature in blue ink, reading "Carole Johnson", is written over a horizontal line.

Carole Johnson
Administrator

From: [Rausch, Claudia \(HRSA\)](#)
To: [Nganga-Good, Carolyn \(HRSA\)](#)
Cc: [Moore, Melissa \(HRSA\)](#); [Loewenstein, David \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#)
Subject: RE: Follow-Up on Sept. 14, 2022 1+1 Meeting
Date: Wednesday, September 21, 2022 6:13:00 PM

Hi Carolyn,

Per your request, my anticipated timeline for completing the second dispute case is – I should have the dispute case done by December 10, 2022.

Thank you,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Thursday, September 15, 2022 12:25 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Follow-Up on Sept. 14, 2022 1+1 Meeting

Hi Claudia,

I am doing the job that I was hired to do; oversee and manage the work and staff of the Policy and Disputes Branch. You are being held to the same standards as your colleagues and I would be asking the same questions and enforcing the same policies in similar circumstances.

As I informed you yesterday, it is unreasonable for you to state that you plan to complete a case within the target goal of six months for a case that you were assigned on 6/24/2022 and received a response to your request for information (RFI) on 7/28/2022. A timeline of within six months can be as long as three months from the time of our meeting while a non-complex case normally takes your colleagues on average about 4-6 weeks to complete after they receive the RFI response. Similarly, in your first case that was assigned on 3/24/2022, you received the RFI response on 4/27/2022 and per your new timeline of sending the draft to the peer reviewer within 10 days from our meeting day, this case will have exceeded the six-month goal by the time it is completed and closed even without any complexities that could potentially delay a case e.g. needing OGC review. That is why I have often encouraged you to plan to work on your cases and other assignments as soon as they are assigned to accommodate any unexpected delays and to ensure a timely response to our customers.

As you are aware and as explained to you and Team members on multiple occasions, the six-month metric on PMAPs and Disputes Guidelines is a target goal for closing cases and we are all expected to be responsive to our customers in a timely fashion. Therefore making a practitioner wait for several months for a dispute decision for no cause is unreasonable. This is not the first time we were discussing this or the dispute resolution process metrics and expectations. Plus every practice or process step details, some of which have existed from the inception of the program, may not always be documented in policies or PMAPs; they are common/standard practices that each Team member should be aware of. If something is unclear or not being adhered to, I will clarify it to you and Team members as needed, and you do the same if something is not clear to you.

You explained that you would need to review the RFI response to determine how complex the case might be and therefore it was difficult for you to provide a concrete timeline until then. As you are aware and as explained to you and Team members on a couple of occasions, the standard practice is to review the RFI response soon after the DRM receives it to ensure that the reporting entity adequately responded to the RFI and determine if follow-up is needed. You received the RFI response on 7/28/2022 and had not reviewed it per your statement. You are being held to the same standards and therefore, as informed yesterday, **please send me the anticipated timeline for completing the second case no later than COB on 9/21/2022.**

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Thursday, September 15, 2022 8:03 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Lee, Kelli (HRSA)

<KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; eeocomplaints
<eeocomplaints@hrsa.gov>; Toledo, Oscar (HRSA) <OToledo@hrsa.gov>; Rausch, Claudia (HRSA)
<CRausch@hrsa.gov>; Ilyade, Deborah (HRSA) <Dlyiade@hrsa.gov>; claudiamarausch@hotmail.com
Subject: Follow-Up on Sept. 14, 2022 1+1 Meeting
Importance: High

Dear Carolyn:

I hope your day is off to a great start.

To recap on our conversation during our 1+1 meeting yesterday, I reasonably believe your increased scrutiny of my work, increased pressure on me to set tighter deadlines than the target goals on my PMAP, is done in retaliatory intent, part of a pattern of retaliatory harassment, and done in response to my protected EEO activity, protected-opposition, and whistleblower activity. I also believe you are discriminating against me and treating me differently because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated against by you because I have a disability (perceived or otherwise) that the agency has failed to accommodate since at least Spring of 2020, which you have been aware of since Summer or Fall of 2020.

Accordingly, please take notice that I intend to file another claim of discrimination and retaliation on this new September 14, 2022 incident, since reaching resolution by communicating these concerns to you and higher management has proven to be unsuccessful.

In effort to exhaust any remedial processes available to me by the Agency, I have carbon copied my second-level through fifth-level supervisors, the Human Resources Office and the EEO office. All Agency management officials and parties copied on this email, should consider this correspondence a report from me regarding my concerns of retaliation and discrimination as described above and further below.

In summary, yesterday you asked me when I plan to have a dispute case done, which was assigned to me 2 and half months ago. I informed you that I plan to have it completed by the 6 months from the date you assigned it to me, which is the goal turnaround time specified on our 2022 Performance Management Appraisal Program (PMAP). Beginning yesterday, you indicated you are no longer satisfied with that goal timeframe and asked me to complete it earlier and criticized the steps have taken thus far to work on it. This has created a lot of confusing guidance because I have already planned my tasks around the initial goal turnaround time of 6 months from the date it's assigned. Yesterday is also the first time you or anyone at HRSA has scrutinized the timeframe in which I take specific steps, to reach the 6 month goal of completing a dispute case. Specifically, the timeframe in which I review and analyzed the entity's response to the Request for Information. I also don't believe other employees are being held to the same strict guidelines and stricter timeframes which are notably not specified on our PMAPs or policies; accordingly I believe I'm being discriminated against on the basis(s) indicated above.

In communicating this to you, you stated "not everything we do in practice is going to be in writing, and that it is common practice, and those who are deviating are deviating from standard practice".

You also stated “We cannot document everything” and “common tasks that are standard practice” are not going to be specified in written instructions. With all due respect, I don’t understand how employees are supposed to know the exact timeframe in which you expect an RFI to be reviewed, and what you consider to be a standard practice when it has not been provided in written instructions; and the only timeframe emphasized in the PMAP is to complete a dispute case within the goal of 6 months. I believe you're purposely attempting to overwhelm me with retaliatory actions in effort to push me out and pursue a constructive discharge of my employment.

Consequently, I believe your actions amount to unlawful discrimination and retaliation as described above. As we were not able to reach a resolution on this matter, please consider this email a notice that I intend to pursue a claim on the matter through, at the minimum, the EEO complaint process and any other applicable legal processes that may become available to me in the future.

Your time and attention to this matter is greatly appreciated. I hope you have a wonderful weekend.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
): 301-945-3059 | 3: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: [Rausch, Claudia \(HRSA\)](#)
To: [Nganga-Good, Carolyn \(HRSA\)](#)
Cc: [Moore, Melissa \(HRSA\)](#); [Loewenstein, David \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#)
Subject: RE: Follow-Up on Sept. 14, 2022 1+1 Meeting
Date: Thursday, September 22, 2022 1:42:00 PM
Attachments: [PMAP2022 - CLAUDIA RAUSCH \(2\).pdf](#)

Hi Carolyn,

Then, can you please clarify why our current PMAPs (attached) specify “completes them with the overall goal of 6 months”?

The completion date of December 10, 2022 is within the 6 month timeframe. So I don’t understand why its suddenly considered “unacceptable”.

Thanks,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Thursday, September 22, 2022 11:46 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Follow-Up on Sept. 14, 2022 1+1 Meeting

Claudia,

An 11-week timeline for a case assigned in June and which you have had an RFI response since July is unacceptable. As informed in my previous email, your colleagues, some of who have way higher caseloads than you have, have an average completion rate of about 4-6 weeks. Unless you have identified concrete complexities with this case that I should be aware of, I need this case completed and sent to the peer reviewer no later than October 21st and plan to provide ongoing updates on the progress during your biweekly 1:1 meetings.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, September 21, 2022 6:14 PM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Follow-Up on Sept. 14, 2022 1+1 Meeting

Hi Carolyn,

Per your request, my anticipated timeline for completing the second dispute case is – I should have the dispute case done by December 10, 2022.

Thank you,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Thursday, September 15, 2022 12:25 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Follow-Up on Sept. 14, 2022 1+1 Meeting

Hi Claudia,

I am doing the job that I was hired to do; oversee and manage the work and staff of the Policy and Disputes Branch. You are being held to the same standards as your colleagues and I would be asking the same questions and enforcing the same policies in similar circumstances.

As I informed you yesterday, it is unreasonable for you to state that you plan to complete a case within the target goal of six months for a case that you were assigned on 6/24/2022 and received a response to your request for information (RFI) on 7/28/2022. A timeline of within six months can be as long as three months from the time of our meeting while a non-complex case normally takes your colleagues on average about 4-6 weeks to complete after they receive the RFI response. Similarly, in your first case that was assigned on 3/24/2022, you received the RFI response on 4/27/2022 and per your new timeline of sending the draft to the peer reviewer within 10 days from our meeting day, this case will have exceeded the six-month goal by the time it is completed and closed even without any complexities that could potentially delay a case e.g. needing OGC review. That is why I have often encouraged you to plan to work on your cases and other assignments as soon as they are assigned to accommodate any unexpected delays and to ensure a timely response to our customers.

As you are aware and as explained to you and Team members on multiple occasions, the six-month metric on PMAPs and Disputes Guidelines is a target goal for closing cases and we are all expected to be responsive to our customers in a timely fashion. Therefore making a practitioner wait for several months for a dispute decision for no cause is unreasonable. This is not the first time we were discussing this or the dispute resolution process metrics and expectations. Plus every practice or process step details, some of which have existed from the inception of the program, may not always be documented in policies or PMAPs; they are common/standard practices that each Team member should be aware of. If something is unclear or not being adhered to, I will clarify it to you and Team members as needed, and you do the same if something is not clear to you.

You explained that you would need to review the RFI response to determine how complex the case might be and therefore it was difficult for you to provide a concrete timeline until then. As you are aware and as explained to you and Team members on a couple of occasions, the standard practice is to review the RFI response soon after the DRM receives it to ensure that the reporting entity adequately responded to the RFI and determine if follow-up is needed. You received the RFI response on 7/28/2022 and had not reviewed it per your statement. You are being held to the same standards and therefore, as informed yesterday, **please send me the anticipated timeline for completing the second case no later than COB on 9/21/2022.**

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce

Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Thursday, September 15, 2022 8:03 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; eeocomplaints <eeocomplaints@hrsa.gov>; Toledo, Oscar (HRSA) <OToledo@hrsa.gov>; Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; Iyiade, Deborah (HRSA) <Dlyiade@hrsa.gov>; claudiamarausch@hotmail.com
Subject: Follow-Up on Sept. 14, 2022 1+1 Meeting
Importance: High

Dear Carolyn:

I hope your day is off to a great start.

To recap on our conversation during our 1+1 meeting yesterday, I reasonably believe your increased scrutiny of my work, increased pressure on me to set tighter deadlines than the target goals on my PMAP, is done in retaliatory intent, part of a pattern of retaliatory harassment, and done in response to my protected EEO activity, protected-opposition, and whistleblower activity. I also believe you are discriminating against me and treating me differently because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated against by you because I have a disability (perceived or otherwise) that the agency has failed to accommodate since at least Spring of 2020, which you have been aware of since Summer or Fall of 2020.

Accordingly, please take notice that I intend to file another claim of discrimination and retaliation on this new September 14, 2022 incident, since reaching resolution by communicating these concerns to you and higher management has proven to be unsuccessful.

In effort to exhaust any remedial processes available to me by the Agency, I have carbon copied my second-level through fifth-level supervisors, the Human Resources Office and the EEO office. All Agency management officials and parties copied on this email, should consider this correspondence a report from me regarding my concerns of retaliation and discrimination as described above and

further below.

In summary, yesterday you asked me when I plan to have a dispute case done, which was assigned to me 2 and half months ago. I informed you that I plan to have it completed by the 6 months from the date you assigned it to me, which is the goal turnaround time specified on our 2022 Performance Management Appraisal Program (PMAP). Beginning yesterday, you indicated you are no longer satisfied with that goal timeframe and asked me to complete it earlier and criticized the steps have taken thus far to work on it. This has created a lot of confusing guidance because I have already planned my tasks around the initial goal turnaround time of 6 months from the date it's assigned. Yesterday is also the first time you or anyone at HRSA has scrutinized the timeframe in which I take specific steps, to reach the 6 month goal of completing a dispute case. Specifically, the timeframe in which I review and analyzed the entity's response to the Request for Information. I also don't believe other employees are being held to the same strict guidelines and stricter timeframes which are notably not specified on our PMAPs or policies; accordingly I believe I'm being discriminated against on the basis(s) indicated above.

In communicating this to you, you stated "not everything we do in practice is going to be in writing, and that it is common practice, and those who are deviating are deviating from standard practice". You also stated "We cannot document everything" and "common tasks that are standard practice" are not going to be specified in written instructions. With all due respect, I don't understand how employees are supposed to know the exact timeframe in which you expect an RFI to be reviewed, and what you consider to be a standard practice when it has not been provided in written instructions; and the only timeframe emphasized in the PMAP is to complete a dispute case within the goal of 6 months. I believe you're purposely attempting to overwhelm me with retaliatory actions in effort to push me out and pursue a constructive discharge of my employment.

Consequently, I believe your actions amount to unlawful discrimination and retaliation as described above. As we were not able to reach a resolution on this matter, please consider this email a notice that I intend to pursue a claim on the matter through, at the minimum, the EEO complaint process and any other applicable legal processes that may become available to me in the future.

Your time and attention to this matter is greatly appreciated. I hope you have a wonderful weekend.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
): 301-945-3059 | 3: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: [Rausch, Claudia \(HRSA\)](#)
To: ewinfrey@dszonline.com
Cc: claudiamarauschk@hotmail.com; [Rausch, Claudia \(HRSA\)](#)
Subject: RE: [EXTERNAL] Re: Eric Winfrey - DSZ & Associates, Inc. - Authorized Investigator -- HHS-HRSA-0061-2022 (CONFIDENTIAL)
Date: Friday, September 30, 2022 6:57:00 PM
Importance: High

Good afternoon Mr. Winfrey:

I am going to need more time to respond.

For our records, the Agency has overwhelmed me with retaliatory actions over the past 10 days, all which require a response from me. It appears to me that this was done intentionally for the purposes of interfering with my ability to respond to this EEO investigation.

Additionally, please note that I think it is incredibly unreasonable of you to give me a 10-day deadline to respond to your initial inquiry for 38 claims. More so considering the burden of proof is my responsibility. Is this done with intent to interfere with my ability to respond to the EEO investigation? Because that's the impression I have.

I also have a few questions about the questions about the manner in which the investigation is being conducted and the extent to which the Agency is involved in determining how you conduct this investigation. I will follow-up with you in regards to these questions, thanks.

Regards,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
) 301-945-3059 | 3: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

-----Original Message-----

From: ewinfrey@dszonline.com <ewinfrey@dszonline.com>
Sent: Wednesday, September 28, 2022 1:16 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: claudiamarauschk@hotmail.com
Subject: [EXTERNAL] Re: Eric Winfrey - DSZ & Associates, Inc. - Authorized Investigator -- HHS-HRSA-0061-2022 (CONFIDENTIAL)
Importance: High

Good afternoon, Claudia -

I hope all is well. I am just checking in to give you a friendly reminder that your responses are due on or before COB, Friday, September 30, 2022.

Best regards,

Eric Winfrey
Contract EEO Investigator
DSZ, Inc.

910.916.8716 (Cell)

Confidentiality Notice: This is intended for the sole use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately.

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On 2022-09-16 4:59 pm, ewinfrey@dszonline.com wrote:

> Good afternoon, Ms. Rausch -

>

> I have attached four (4) documents for your review and
> response/signature. I have attached the following documents:
> Designation of Representative, Privacy Act Notice, and Right to
> Remedies. Please review these documents and send them back at your
> earliest convenience, preferably on or before returning your responses
> to interrogatories.

>

> Also, I have attached the first set of interrogatories for your review
> and response. You have ten (10) business days (Friday, September 30,
> 2022) to provide a response (initial and sign where indicated). As
> previously stated, I will review your responses and follow up via
> telephone.

>

> As a reminder, my role as an EEO Investigator is to serve as an
> objective factfinder; I make no decisions, suggestions, or
> recommendations per this investigation. Finally, I do not represent
> the interest of any of the parties in these complaints.

>

> Please let me know if you have any questions concerning the documents,
> allegations, and/or interrogatories.

>

> Please confirm receipt of this communication by return email at your
> earliest convenience.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

From: [Rausch, Claudia \(HRSA\)](#)
To: [Nganga-Good, Carolyn \(HRSA\)](#)
Cc: [Loewenstein, David \(HRSA\)](#); [Moore, Melissa \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Archeval, Anthony \(HRSA\)](#)
Bcc: [Rausch, Claudia \(HRSA\)](#); claudiamarauschi@hotmail.com
Subject: RE: Leave Restriction
Date: Tuesday, October 4, 2022 10:37:00 AM
Attachments: [10-4-2022 Reply to 9-21-2022 Leave AWS & Telework Notices SIGNED.pdf](#)

Hi Carolyn,

I have a few questions regarding your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternative Work Schedule Suspension; and would like some clarification. My questions and concerns are attached.

For your convenience, I have also copied my reply into the body of this email:

I am seeking clarification and have a few questions about your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternate Work Schedule Suspension ("September 21, 2022 Notice" or "Notice"), now that I have had time to read it. Can you please provide clarification? Or can you point me to the appropriate person within The Health Resources and Services Administration ("HRSA" or "Agency") that can? I would greatly appreciate it. For convenience, my questions appear in **bold underline** print throughout this document.

My first questions are:

What laws, rules and regulations support the decision to suspend me from the telework agreement and Alternative Work Schedule ("AWS")? Can you please tell me? Your Notice did not cite any. Equally, **what laws, rules, regulations or Agency policies authorize or allow a federal supervisor to suspend an employee's telework agreement and alternative work schedule?**

-
More so, considering the surrounding circumstances in my particular situation, such as my previous and current protected activity? Specifically, my protected-EEO activity, whistleblowing activity, reasonable accommodation ("RA") needs and prior RA requests, and the harassment I've experienced near the Agency building, such as radiation attacks, that caused me to fear for my life – all which you're aware of. **Or have I mistakenly failed to inform you of any of these surrounding circumstances?** Because the numerous emails between us, in addition to your August 27, 2021 testimony from my EEOC Hearing very clearly evidence that you and the Agency are aware of all of these surrounding circumstances. **Am I mistaken?**

I am not aware of any laws, regulations or policies that support or authorize the decisions in your September 21, 2022 Notice, nor its threats of recording absences as "AWOL" and "disciplinary/adverse action, up to and including removal from [my] position and from the Federal service" for failure to comply. **Or is your September 21, 2022 Notice exempt from the requirement of adhering to federal laws and regulations that govern the supervision and management of Federal Service under Title Five of the United States Code?**

-

As I understand applicable law, pursuant to [5 USC §2302\(a\)\(2\)\(A\)](#) and applicable case law, your September 21, 2022 Notice and “leave and AWS restrictions”, as well as the recent decision to suspend me, meet the legal definition of personnel action(s). Subsequently, these actions amount to several prohibited personnel practices (“PPP”) in violation of [5 USC §2302\(b\)\(8\)](#) and [5 USC §2302\(b\)\(9\)\(A\)\(i\), \(b\)\(9\)\(B\), \(B\)\(9\)\(C\), and \(B\)\(9\)\(D\)](#); which forbid reprisal in the form of personnel actions in response to the surrounding circumstances I’ve referenced above, further evidenced by our prior emails and your August 27, 2021 EEOC Hearing testimony. See *Arauz v. DOJ*, 89 MSPR 529 (2001). This includes the September 21, 2022 Notice threats of AWOL and disciplinary/adverse actions. See *Gergick v. GSA*, 43 MSPR 651, 656-57 (1990) and *Schnell v. Dept. of Army*, 114 MSPR 83, 2010 MSPB 67 (2010). Your September 21, 2022 Notice also appears to be strategically provided to me alongside your increased scrutiny of my deadlines, and during the Agency’s EEO investigation into my current EEO complaint, in which you are one of the primary “responsible management officials”. This further leads me to believe your September 21, 2022 Notice is intended to interfere with my ability to adequately respond to the EEO investigation; thus amounting to actionable retaliation.

- **Or are you and the Agency exempt from the Merits Systems Principles that routinely govern the Federal Service? Are you and HRSA exempt from the authority of the Office of Special Counsel (“OSC”) and the Merits Systems Protection Board (“MSPB”)? Please let me know if you believe I am misinterpreting these laws and they are not applicable to you and HRSA.**

- Even absent the Merits System Principles, many other federal laws, regulations, and policies contradict your September 21, 2022 Notice and Leave/AWS restriction; indicating it is unlawful, not legally binding and unenforceable. However, **please let me know if you believe I am misinterpreting any of the following laws and regulations further explained below.** As of now, I understand your September 21, 2022 Notice to be at the minimum - unlawful, done in retaliation and in violation of whistleblower protection laws, EEOC laws and the Rehabilitation Act. Your September 21, 2022 Notice also appears intended to expose me to irreparable harm, which I understand to not be legally enforceable. I will not risk exposing myself to potential danger or irreparable harm. I don’t believe federal law requires federal employees to follow orders that will result in potential danger or irreparable harm to themselves. However, please feel free to educate me. Because your September 21, 2022 Notice did not cite any laws, regulations or specify supportive facts.

Absent clarification from you, I understand the September 21, 2022 Notice and Leave/AWS/Telework restrictions to be unlawful, not legally enforceable, contradicted by applicable federal law, thus, null and void. However, I look forward to any clarification you can provide and any answers you are able to provide to my questions above and below.

As a matter of course, please note that in effort to meet my responsibility to escalate concerns of unlawful retaliation to supervisors in my chain of command and exhaust any remedies provided by the Agency - I have carbon copied additional Agency personnel to include my 2nd, 3rd, 4th, and 5th level supervisors. This email by me, should be considered by all, a report of retaliation and violation of EEO Laws and the NO FEAR ACT.

For our records, my questions, concerns, and request for clarification is further explained and

addressed below:

I. RESTRICTION OF LEAVE, AWS AND TELEWORK IS CONTRADICTED BY APPLICABLE FEDERAL LAW AND REGULATIONS

a. Title Five of the United States Code

Your September 21, 2022 Notice makes brief reference to the Collective Bargaining Agreement (“CBA”), Article 26, Section 4.D.2. However, federal law requires that the management of the attendance and leave of the federal service, to include work schedule flexibilities such as “telework” and “alternative work schedule [“AWS”]”, **adhere to federal law in addition to** the terms of a collective bargaining agreement. See [Title 5 of the United States Code \(U.S.C.\), PART III, Subpart E on Attendance and Leave, CHAPTER 61, SUBCHAPTER II Regarding Flexible and Compressed Work Schedules](#), “...any flexible or compressed work schedule, and the establishment and termination of any such schedule, shall be subject to the provisions of this subchapter **and** the terms of a collective bargaining agreement...”. See [5 U.S.C. §6130\(a\)\(1\)](#). The subchapter references several Executive Directives, Orders and rules that clarify such “schedule flexibilities” include both “alternative work schedules” and “telework”. See [Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625 on “Enhancing Workplace Flexibilities and Work-Life Programs”](#).

Am I misinterpreting this law? Does this federal law and Presidential Directive not apply to HRSA?

-

b. OPM, EEOC, and MSPB Regulations and Directives

Pursuant to [5 U.S.C. §1101\(a\)](#), Federal Agencies must adhere to “all executive orders, rules, and regulations affecting the Federal service” unless “modified, terminated, superseded, or repealed by the President, the Office of Personnel Management [“OPM”], the Merit Systems Protection Board [“MSPB”], the Equal Employment Opportunity Commission [“EEOC”], or the Federal Labor Relations Authority [“FLRA”]...”.

Is HRSA exempt from following rules and regulations established by OPM, the MSPB and the EEOC? Please let me know.

-

II. AGENCY IS AWARE THAT LEAVE, TELEWORK AND AWS RESTRICTION(S) WOULD EXPOSE ME TO POTENTIAL DANGER AND IRREPARABLE HARM

a. Factual Background

You and the Agency, became acutely aware that I have felt a need to avoid being near the Agency building in effort to ensure my safety and potential harm to my life. This is evidenced through my April 25, 2022 emailed reply to your April 19, 2022 Memorandum and my June 1, 2022 emailed reply to your May 23, 2022 attempt to remove evidence on my laptop from my possession. I further explained these matters in my August 22-24, 2022 reply (**Also labeled August 22, 2022 Reply and attachments...**) to your July 20, 2022 proposal to suspend me. **Attached**. My explanation included photos that evidenced I was being attacked by toxic radiation levels in a location that is only 6 minutes away from the Agency building. You even included the photos in your July 20, 2022 proposal to suspend me and responded to my August 22-24, 2022 reply by suggesting I update my AWS location on my telework agreement.

Am I mistaken? Did you believe that my June 1, 2022 emailed statement of “I do not currently have the luxury of dropping into the HRSA building at a moment's notice without extensive planning and foresight, and without risk to my life” failed to clarify that I feel a need to avoid being near the Agency building to ensure my safety?

- Whether or not my beliefs of risk to my safety near the Agency building are credible or provable, your September 21, 2022 Leave and AWS restrictions came only three and a half months afterwards, thus strongly evidence retaliatory intent. At least, as I currently understand applicable MSPB and EEOC guidance and case law.

- **Or do MSPB and EEOC decisions and directives governing reprisal not apply to you and HRSA? See my April 25, 2022 reply to your April 19, 2022 Notice and June 1, 2022 reply to May 23, 2022 email attached.**

As I understand [Presidential Directive under the Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625](#) on “Enhancing Workplace Flexibilities and Work-Life Programs”, “leave policies... related to stalking situations” is one of the “workplace flexibilities” that federal agencies must “ensure... are available to the maximum extent practicable, in accordance with the laws and regulations...”. See [Section 2 \(l\) of June 23, 2014, 79 F.R. 36625 in 5 U.S.C., Part III](#). **Does this Presidential Directive not apply to me, HRSA and HHS?** Because your September 21, 2022 restriction of leave, AWS and telework not only appears to be retaliatory, but also appears intended to place me in danger and in a frightful situation.

III. LEAVE AND AWS RESTRICTION VIOLATES THE REHABILITATION ACT AND EEOC DIRECTIVES

a. Factual Background

The Agency and you are aware that I have had reasonable accommodation needs beginning late 2019, and/or early to midyear 2020, and that my requests for a reasonable accommodation included, but are not limited to: episodic telework, flexible work schedule and leave. The Agency and you also have record that ‘telework’ was an effective accommodation for me. Historical evidence in the matter which is further described below, establishes that my panic attack symptoms took place primarily at the Agency building and I experienced a remission of these symptoms upon being on 100% telework during the pandemic.

The Agency and you are aware that I experienced a remission of panic attack symptoms during the Agency’s 100% telework policy during the pandemic, and that I surpassed performance expectations while being on 100% telework and using 213 to 259 hours of leave a year from 2020 to 2021. The Agency’s prior attempt to discredit my qualifications for a reasonable accommodation, for the likely purpose of avoiding liability in my harassment case, by utilizing a misrepresented FOH “medical review” were unsuccessful. To date, the Agency and its legal counsel have been unable to provide a legal or factual evidence-based argument to counteract my allegations that the “medical review” was and is misrepresented, not in adherence with applicable law, regulation and industry standards.

To recap the factual events:

1. On or around December 2019, I began experiencing panic attacks. They occurred at the Agency building and on a plane. **See pages 197-198 of August 22-24, 2022 Reply to proposed suspension PDF and ROI for my last EEO complaint.**
2. On or around February 2020, I sent a reasonable accommodation ("RA") request to the Agency's RA accommodations office. **See attached August 22-24, 2022 Reply to proposed suspension.**
3. I began experiencing a remission in panic attack symptoms after being on 100% telework due to the pandemic, beginning on or around March 10, 2020. **See doctor's progress note at page 208 of August 22-24, 2022 Reply to proposed suspension PDF.**
4. On April 24, 2020, the Agency denied my RA request, arguing an unnamed FOH physician's medical review determined I didn't qualify. The "medical review" contradicted the progress notes of my psychiatrist and blamed my personality and perceptions. Its conclusions did not consider any medical evidence. It characterized my RA request as "perceived harassment". **See pages 207-209 and 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
5. The Agency's denial of the RA did not consider evidence of my performance abilities nor the fact that telework had proven to be an effective accommodation. **See 2019 and 2020 PMAP ratings at pages 19-62 of August 22-24, 2022 Reply to proposal suspension PDF and number 4 above.**
6. An expanded misrepresented "medical review" was introduced during the administrative discovery process. **See pages 204-206 and 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
7. The responsible physician, FOH, and Agency FOIA office were unable to furnish any medical records upon request. **See attachment titles "2-24-2021 email..." hyperlinked on page 181 of August 22-24, 2022 Reply to proposed suspension PDF.**
8. Upon challenging its legitimacy, the Agency withdrew the physician as a witness for the August 2021 EEOC Hearing. **See attached July 14, 2021 AJ's Memorandum and pages 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
9. The Agency's RA Accessibility Specialist later testified that panic attacks are a medical condition that the Agency is required to accommodate, regardless of how they were caused. **See attached August 27, 2021 EEOC Hearing testimony of Elizabeth Pinkard-Adams.**
10. On July 20, 2020, my first-level supervisor, Carolyn Nganga-Good, learned I had reasonable accommodation needs that had previously been wrongly denied. **See attached July 20, 2020 email titled "7-20-2020 Midyear PMAP Discussion..." between Claudia Rausch and Carolyn Nganga-Good.**
11. The same day, Ms. Nganga-Good agreed in writing to *"accommodate and be flexible with any accommodation requests that are within reason as long as work deliverables are not negatively impacted"*. **See attached July 20, 2020 email titled "7-20-2020 Midyear PMAP Discussion..." between Claudia Rausch and Carolyn Nganga-Good.**
12. Ms. Nganga-Good later became aware the reasonable accommodation needs were partially due to panic attacks, PTSD symptoms and medication side effects on October 28, 2020 and December 26, 2020. **See highlights on attached December 26, 2020 email titled "12-26-2020 email to CNG re: dispute cases" between Claudia Rausch and Carolyn Nganga-Good.**
13. On April 27, 2021 and August 24, 2022, Ms. Nganga-Good became aware that the reasonable accommodations I was in need of, and had previously requested included RA based leave, telework, and schedule flexibilities such as late arrivals. **See April 27, 2021 email on pages 180-195 of August 22-24, 2022 reply to proposed suspension, and hyperlinked attachments on page 181 of August 22-24, 2022 reply to proposed suspension.**

14. During most of 2020 and all of 2021, the Agency was on 100% telework due to the pandemic. As my PMAP rating official, Ms. Nganga-Good rated my performance as "Achieved More Than Expected Results". See **attached 2021 PMAP rating and 2020 PMAP on pages 19-44 of August 22-24, 2022 reply to proposed suspension.**
15. On August 27, 2021, Ms. Nganga-Good testified during the EEOC Hearing:
 - a. "There's usually flexibility" in managing deadlines for disputes resolution cases and described the goal deadlines as "general metrics" that "sometimes --- goes beyond, you know, six months". See **attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
 - b. She was aware of and recalls that I brought up a "medical condition" and a "reasonable accommodation request". See **attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
16. On August 24, 2022, Ms. Nganga-Good became aware that telework was an effective accommodation for my panic attack symptoms, through the reply I provided to the July 20, 2022 proposed suspension memorandum. See **doctor's March 20, 2020 note of "remission in symptoms of panic attacks ever since she has been working from home after the coronavirus outbreak" on page 202 of PDF attached to August 24, 2022 email "8-22-2022 Reply and attachments SIGNED".**

b. Rehabilitation Act and Applicable EEOC Law and Regulations

As I understand the Equal Employment Opportunity Commission ("EEOC")'s Directives, subjecting an employee with RA needs to different leave procedures, violates the ADA and Rehabilitation Act. See EEOC Enforcement Guidance on Employer-Provided Leave and the Americans with Disabilities Act, OLC Control No. EEOC-NVTA-2016-1. Additionally, the EEOC requires an employer to consider providing unpaid leave so long as it does not create undue hardship for the employer. This applies even when an employee is not "eligible for leave" under employer leave policies or when an employee has exhausted leave benefits. According to the EEOC, an employer cannot legally enforce maximum leave policies or limitations on unplanned absences, on an employee who needs to use RA based leave - unless the employer can prove it would result in undue hardship.

Or does the referenced EEOC Guidance above, on Employer-Provided Leave and the Americans with Disabilities Act not apply to HRSA and your September 21, 2022 Notice?

The EEOC also requires employers who offer telework to allow employees with a disability an equal opportunity to use telework as well as waive eligibility requirements for telework to accommodate disabilities. See EEOC Guidance on Work at Home/Telework as a Reasonable Accommodation, OLC Control No: EEOC-NVTA-2003-1. According to the EEOC, "An employer may not withdraw a telework agreement or modified schedule" that is used as a reasonable accommodation because of unsatisfactory performance. I have in fact been using telework and my AWS as a reasonable accommodation. As I understand EEOC Enforcement Guidance, the Agency's prior decisions on my RA requests have no bearing on the fact that I have used these workplace flexibilities as a reasonable accommodation and that I am entitled to use reasonable accommodations under the Rehabilitation Act. Per the EEOC, an employer who failed to grant a reasonable accommodation that did not constitute undue hardship, may not discipline an employee who has performance issues that resulted from the lack of an accommodation. See the EEOC's September 3, 2008 Guidance on Applying Performance and Conduct Standards to Employees with

Disabilities. This year, you have attempted to reduce all workplace flexibilities that I've used as reasonable accommodations. Accordingly, I don't see how any alleged performance issues this year, if any, are not related to either reprisal or an unlawful removal of a reasonable accommodation I'm entitled to use under federal law.

Or does the EEOC's position referenced above on applying performance and conduct standards to employees with disabilities, not apply to HRSA?

-

In your September 21, 2022 Notice, you make reference to previously issued memorandums by you dated April 19, 2022 and May 23, 2022, where you assert that *"In the event [you] believe [I] may be requesting leave inappropriately, [you] may request acceptable documentation before [you] approve leave"*. However, you have not once insisted on receiving additional documentation before approving leave after your April 19, 2022 and May 23, 2022 notices. This indicated to me that the documentation you have which is summarized in the factual background above, concerning my reasonable accommodation needs is sufficient. Furthermore, I don't believe EEOC's Enforcement Guidance even allows an employer to request additional medical documentation, after they have already been provided with initial documentation in support of a reasonable accommodation. But please, feel free to correct me if I'm wrong.

In conclusion, I'm inclined to believe that your September 21, 2022 Notice is a deliberate attempt to retaliate by interfering with my rights to a reasonable accommodation under the Rehabilitation Act. Your September 21, 2022 Notice also asserts that you do not plan to approve Leave Without Pay ("LWOP") except as necessary by rule of law. However, the Agency's reasonable accommodation accessibility specialist testified during the August 27, 2021 EEOC Hearing that the Agency approves LWOP all the time for employees who have little to no leave and need reasonable accommodations. ***See Ms. Pinkard-Adams' testimony attached.*** Subsequently, I believe this further evidences the retaliatory intent of your September 21, 2022 Notice.

IV. ABSENT RETALIATION, LEAVE RESTRICTIONS AND SUSPENSIONS OF AWS/TELEWORK STILL LACKS LEGAL AUTHORITY.

PER FEDERAL LAW, EXCLUSION OF SCHEDULE FLEXIBILITIES MUST BE DUE TO DISRUPTION OF AGENCY FUNCTIONS OR ADVERSE AGENCY IMPACT

As I understand applicable law, even if the above facts and laws do not deem the September 21, 2022 Notice to constitute unlawful retaliation, the Notice's restrictions still remain unsupported by laws governing the federal service.

According to federal law pursuant to Title Five of the United States Code, an Agency may only (1) *"restrict the employees' choice of arrival and departure time"* and/or (3) *"exclude from such program any employee or group of employees"* if the agency is *"is being substantially disrupted in carrying out its functions or is incurring additional costs because of such participation."* See [5 U.S.C. §6122 \(b\)](#). This is also emphasized under [5 U.S.C. §6131 \(a\)\(2\)](#), which provides that the only time an Agency may determine not to continue a *"particular flexible or compressed schedule"* is if and when the *"head of the agency"* finds that such a schedule would have *"adverse agency impact"* such as (b) (1) *"a reduction of the productivity of the agency; (2) a diminished level of services furnished to the public by the agency; or (3) an increase in the cost of agency operations."* See [5 U.S.C. §6131 a –b](#).

Do these federal laws not apply to HRSA and your September 21, 2022 Notice? Because nowhere in your notice, did you reference or specify ways that my leave usage has disrupted the Agency's functions, resulted in increased costs or an adverse agency impact. The Notice briefly asserted that my *"frequent pattern of unscheduled absences have resulted in a negative impact for the team"* but did not specify any incidents in which the team was affected or how the team was negatively affected. **Can you please clarify and specify when and how the team has been negatively impacted by my absences? And how it amounted to substantial disruption on Agency functions and an adverse agency impact? What factual evidence supports these allegations? Does HRSA not have to support its personnel actions with factual evidence?**

V. PER FEDERAL REGULATIONS, LIMITATIONS ON SICK LEAVE USAGE ONLY APPLY TO FAMILY CARE AND BEREAVEMENT

Your September 21, 2022 Notice attempts to use "low leave balances" to justify a leave restriction. However, these are no applicable laws, regulation, or policies that require federal employees to maintain a minimum leave balance. **Are there?** OPM federal regulations under [5 C.F.R. § 630.401 b-d](#) only place limitations on the maximum amount of hours of sick leave that can be used annually, on matters related to providing care for a family member or planning funeral arrangements. _

Do OPM regulation not apply to HRSA?

VI. JUSTIFICATION OF EXCESSIVE LEAVE USAGE AND POTENTIAL IMPACT TO AGENCY IS UNSUPPORTED BY FACTS AND HISTORICAL DATA

Your September 21, 2022 notice attempts to support nonfactual allegations and assert that *"...in 2022, [I] have used unanticipated leave with little to no notice in almost every pay period"*. However, my leave usage pattern is no different or poorer than prior years, all which resulted in "Achieved More Than Expected Results". ITAS records evidence that I have only used unanticipated leave in 10 out of 20 pay periods in year 2022. ***See attached ITAS Administrative Leave records for Years 2015-2022.*** In fact, I used more unanticipated leave during the first 8 months of last year (98.25 sick leave hours by August 28, 2021), than I have this year (87.25 SL hours by Sept. 10, 2022), and I still surpassed performance expectations in the year 2021. ***See attached ITAS Administrative Leave Record for Year 2021 and 2021 PMAP End of Year Appraisal Score of 3.80, Level 4 of "Achieved More Than Expected Results"***. As my 2021 supervisor and rating official, you even rated me at a Level 4 for Critical Element II, BHW Collaboration which pertains to "teamwork". You gave me this rating in 2021 all while I was on 100% telework and used more unanticipated leave in 2021 than this year in 2022.

In fact, ITAS and PMAP records for all prior years, 2015 to 2021, evidence that I've routinely used an equal amount of unanticipated leave each year at HRSA, sometimes more, while still surpassing performance expectations each year. ***See attached 2021 PMAP rating and PMAP ratings for years 2016-2020 at pages 19-107 of August 22-24, 2022 Reply to proposed suspension.*** Accordingly, I don't understand how one could reasonably conclude that my unanticipated absences this year would negatively impact the team, disrupt Agency functions, or have an adverse impact on the Agency. **Can you please tell me? Can you please tell me what has changed from last year to this**

year? Because the only thing I'm aware of, that has changed in our employee-supervisor relationship from last year to this year is that I now have a new EEO complaint pending against you and the Agency, with 35 plus claims on it, nine which identify you as the responsible management official. That and my whistleblowing activity of fraud, electronic surveillance and interference with my previous EEO activity; all which you've been made aware of through previous emails as cited above.

Or am I mistaken? Has something else changed in our employee-supervisor relationship from last year to this year? That has enticed you to take so many personnel actions against me?

VII. THERE ARE NO LAWS, REGULATION, OR POLICIES THAT FORBID THE USE OF LEAVE ON SCHEDULED IN-OFFICE DAYS. NOR WERE ANY SUCH REQUIREMENTS COMMUNICATED

Your September 21, 2022 Notice goes on to assert that you are concerned with the timing of my leave requests as they often coincide with days I'm required to report into the office. As explained above, I have used leave as a reasonable accommodation and to avoid potential danger and irreparable harm. There are no laws, regulations, rules, Agency policies, Division policies, or requirements that say we cannot request leave on a scheduled in-office day. **Are there? And if so, why was this not communicated at the start of establishing our telework agreements?** In fact, you approved my in-office days of the first Monday of the pay period and the last Friday of the pay period – days in which hardly anyone is in the office. These are also days that Federal Holidays routinely land on. **If this was an issue, why weren't employees kept from requesting Monday as an in-office day, when federal holidays routinely land on Mondays?** Accordingly, I don't understand how absences on these days negatively impacts any Agency operations or "team" activity, since hardly anyone is in on these days.

I look forward to any clarification you can provide.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Wednesday, September 21, 2022 10:32 AM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Subject: Leave Restriction

Hi Claudia,

As mentioned on September 14, 2022, during our 1:1 meeting, I am putting you on a leave restriction. Attached is the Memo detailing the restriction and expectations. Please sign it **no later than 3 PM today, September 21, 2022** acknowledging receipt. If I do not get the acknowledgment by 3 PM today, I will document that “employee refused to sign” and file the memo. Please note that your signature does not mean that you agree or disagree with this notice and, by signing you will not forfeit any rights to which you are entitled. Your failure to sign will not void the contents of this memorandum.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Gershman, Deborah \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Subject: HRSA Honor Award
Date: Tuesday, October 4, 2022 11:31:52 AM
Attachments: [Claudia Rausch.pdf](#)

Congratulations!

You have been selected to receive a HRSA Honor Award. Attached is a congratulatory letter from HRSA's Administrator, Carole Johnson.

Awards Team

Deborah Gershman
Administrative Officer
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Phone: 301-443-0641



Check out the BHW [Administrative Resources site](#)....Bringing information to your fingertips!

From: [Rausch, Claudia \(HRSA\)](#)
To: [Nganga-Good, Carolyn \(HRSA\)](#); CRausch@hrsa.gov
Cc: [Moore, Melissa \(HRSA\)](#); [Loewenstein, David \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Grossman, Jordan \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kadingo, Wendy \(HRSA\)](#); [Ali, Shontae \(HRSA\)](#); [Colbert, Dale \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Archeval, Anthony \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#); [Gaskill, Sheena \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#)
Bcc: claudiamarausch@hotmail.com; [Rausch, Claudia \(HRSA\)](#)
Subject: RE: Work Status
Date: Wednesday, October 5, 2022 8:54:00 AM
Attachments: [10-5-2022 Reply and Follow-up Notice.pdf](#)
Importance: High

Hi Carolyn,

My reply to you is attached. For your convenience, it's also copied into the body of this email:

Hi Carolyn,

In reply to your October 4, 2022 email, I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th.

As explained in my October 4, 2022 emailed reply to the instructions from your September 21, 2022 Notice, I do not understand your instructions and requested clarification. Can you please answer my October 4, 2022 questions and provide me with the clarification I am seeking?

To recap, my approved leave usage from this year, is the basis for your September 21, 2022 decision to restrict my leave usage and suspend me from participating in the Agency-wide Alternative Work Schedule and Telework programs. As you are aware through our prior communications, a lot of the leave I've used has been to accommodate my reasonable accommodation ("RA") needs; and/or avoid a hostile work environment and retaliatory harassment. If the Agency would've approved my prior RA request of episodic telework and/or 100% telework which proved to be an effective accommodation, I wouldn't have needed to use leave on days I'm scheduled to go to the Agency building.

You were willing to accommodate my reasonable accommodation needs before. I don't understand why that has changed suddenly and why you have decided to eliminate all the aforementioned work schedule flexibilities that I have used as reasonable accommodations. Nor have you been willing to engage in the interactive process required under the Rehabilitation Act. Accordingly, please advise what I need to do to obtain a reasonable accommodation of 100% telework from the Agency, and/or RA based leave. Please also advise what resolution, assistance or remediation is available to me from the Agency. Also, please advise if the Agency is able to provide any support for my reasonable accommodation needs and the retaliatory harassment I continue to experience.

Notably, your September 22, 2022 restrictions and suspension of leave use, AWS, and telework comes after I made you aware that I feared being near the Agency building due to retaliatory harassment to include, but not limited to, radiation attacks. At the minimum, it is clear that this management decision is intended to further create even more intolerable working conditions for me; forcing me to exhaust my leave.

Your September 22, 2022 notice and related decisions are clearly based on leave usage that has resulted from the Agency's wrongful actions, and thus, give me no meaningful choice in the matter. This more than suggests that your September 22, 2022 threat of disciplinary action and/or removal from the federal service for failure to comply with the unfair and unlawful restrictions and suspension of leave use, AWS, and telework; is intended to support a constructive removal and/or constructive disciplinary action against me. Based on the facts and evidence I have reviewed, it is clear that my protected activity, to include but not limited to, my EEO-activity and whistleblowing activity, are at the minimum – motivating factors in these personnel actions. Subsequently, amounting to Prohibited Personnel Practices in violation of the Merits Systems Principles pursuant to Title Five of the United States Code.

Considering this alongside other factors, to include the fact that you seem unwilling or unable to respond to my October 4, 2022 questions and request for clarification, **please take notice** of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, **please take notice that I will pursue legal action against you and all accountable parties to the fullest extent allowed by law.**

This is based on facts and evidence I have reviewed, which lead me to reasonably believe that **your instructions and September 22, 2022 restrictions and suspension of leave use, AWS, and telework are unlawful. I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws.** Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination me. I believe I'm being treated differently by you and the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

Any perceived resistance from me in response to the unlawful instructions referenced in above, is at most, an attempt by me to oppose unlawful retaliatory actions by you and the Agency or protect myself from danger and irreparable harm; and not an attempt of misconduct.

-
For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available by the Agency, **I have carbon copied additional Agency management officials in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch

Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (**BHW**)

📞: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Tuesday, October 4, 2022 2:11 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>

Subject: RE: Work Status

Importance: High

Hi Claudia,

I received the attached emails from you in response to my message regarding your work status.

I instructed you to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022 via the September 21, 2022 Leave Restriction Memo.

As I understand from your last emails, you did not report for duty as instructed Wednesday Sept 28th and Friday Sept 30th, nor did you report for duty as instructed Monday Oct 3rd and Tues Oct 4th. Your behavior is considered misconduct and will not be tolerated.

You must:

- Confirm whether or not you reported to duty as instructed on 9/28, 9/30, 10/3 and 10/4 **by 5pm today.**
- Immediately comply with the Leave Restriction instructions I issued you on September 21, 2022 – (attached for your review) and report to the office as instructed. You are not approved to telework.

I will address any other necessary questions/matters from your attached email as soon as I am able to.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Tuesday, October 4, 2022 11:43 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>
Subject: RE: Work Status
Importance: High

Hi Carolyn,

I apologize for the delay, I'm just now seeing this email.

I have a few questions regarding your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternative Work Schedule Suspension; and would like some clarification. My questions and concerns are attached.

For your convenience, I have also copied my reply into the body of this email:

I am seeking clarification and have a few questions about your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternate Work Schedule Suspension ("September 21, 2022 Notice" or "Notice"), now that I have had time to read it. Can you please provide clarification? Or can you point me to the appropriate person within The Health Resources and Services Administration ("HRSA" or "Agency") that can? I would greatly appreciate it. For convenience, my

questions appear in **bold underline** print throughout this document.

My first questions are:

What laws, rules and regulations support the decision to suspend me from the telework agreement and Alternative Work Schedule (“AWS”)? Can you please tell me? Your Notice did not cite any. Equally, **what laws, rules, regulations or Agency policies authorize or allow a federal supervisor to suspend an employee’s telework agreement and alternative work schedule?**

-
More so, considering the surrounding circumstances in my particular situation, such as my previous and current protected activity? Specifically, my protected-EEO activity, whistleblowing activity, reasonable accommodation (“RA”) needs and prior RA requests, and the harassment I’ve experienced near the Agency building, such as radiation attacks, that caused me to fear for my life – all which you’re aware of. **Or have I mistakenly failed to inform you of any of these surrounding circumstances?** Because the numerous emails between us, in addition to your August 27, 2021 testimony from my EEOC Hearing very clearly evidence that you and the Agency are aware of all of these surrounding circumstances. **Am I mistaken?**

I am not aware of any laws, regulations or polices that support or authorize the decisions in your September 21, 2022 Notice, nor its threats of recording absences as “AWOL” and “disciplinary/adverse action, up to and including removal from [my] position and from the Federal service” for failure to comply. **Or is your September 21, 2022 Notice exempt from the requirement of adhering to federal laws and regulations that govern the supervision and management of Federal Service under Title Five of the United States Code?**

-
As I understand applicable law, pursuant to [5 USC §2302\(a\)\(2\)\(A\)](#) and applicable case law, your September 21, 2022 Notice and “leave and AWS restrictions”, as well as the recent decision to suspend me, meet the legal definition of personnel action(s). Subsequently, these actions amount to several prohibited personnel practices (“PPP”) in violation of [5 USC §2302\(b\)\(8\)](#) and [5 USC §2302\(b\)\(9\)\(A\)\(i\), \(b\)\(9\)\(B\), \(B\)\(9\)\(C\), and \(B\)\(9\)\(D\)](#); which forbid reprisal in the form of personnel actions in response to the surrounding circumstances I’ve referenced above, further evidenced by our prior emails and your August 27, 2021 EEOC Hearing testimony. See *Arauz v. DOJ*, 89 MSPR 529 (2001). This includes the September 21, 2022 Notice threats of AWOL and disciplinary/adverse actions. See *Gergick v. GSA*, 43 MSPR 651, 656-57 (1990) and *Schnell v. Dept. of Army*, 114 MSPR 83, 2010 MSPB 67 (2010). Your September 21, 2022 Notice also appears to be strategically provided to me alongside your increased scrutiny of my deadlines, and during the Agency’s EEO investigation into my current EEO complaint, in which you are one of the primary “responsible management officials”. This further leads me to believe your September 21, 2022 Notice is intended to interfere with my ability to adequately respond to the EEO investigation; thus amounting to actionable retaliation.

-
Or are you and the Agency exempt from the Merits Systems Principles that routinely govern the Federal Service? Are you and HRSA exempt from the authority of the Office of Special Counsel (“OSC”) and the Merits Systems Protection Board (“MSPB”)? Please let me know if you believe I am misinterpreting these laws and they are not applicable to you and HRSA.

-

Even absent the Merits System Principles, many other federal laws, regulations, and policies contradict your September 21, 2022 Notice and Leave/AWS restriction; indicating it is unlawful, not legally binding and unenforceable. However, **please let me know if you believe I am misinterpreting any of the following laws and regulations further explained below.** As of now, I understand your September 21, 2022 Notice to be at the minimum - unlawful, done in retaliation and in violation of whistleblower protection laws, EEOC laws and the Rehabilitation Act. Your September 21, 2022 Notice also appears intended to expose me to irreparable harm, which I understand to not be legally enforceable. I will not risk exposing myself to potential danger or irreparable harm. I don't believe federal law requires federal employees to follow orders that will result in potential danger or irreparable harm to themselves. However, please feel free to educate me. Because your September 21, 2022 Notice did not cite any laws, regulations or specify supportive facts.

Absent clarification from you, I understand the September 21, 2022 Notice and Leave/AWS/Telework restrictions to be unlawful, not legally enforceable, contradicted by applicable federal law, thus, null and void. However, I look forward to any clarification you can provide and any answers you are able to provide to my questions above and below.

As a matter of course, please note that in effort to meet my responsibility to escalate concerns of unlawful retaliation to supervisors in my chain of command and exhaust any remedies provided by the Agency - I have carbon copied additional Agency personnel to include my 2nd, 3rd, 4th, and 5th level supervisors. This email by me, should be considered by all, a report of retaliation and violation of EEO Laws and the NO FEAR ACT.

For our records, my questions, concerns, and request for clarification is further explained and addressed below:

I. RESTRICTION OF LEAVE, AWS AND TELEWORK IS CONTRADICTED BY APPLICABLE FEDERAL LAW AND REGULATIONS

a. Title Five of the United States Code

Your September 21, 2022 Notice makes brief reference to the Collective Bargaining Agreement ("CBA"), Article 26, Section 4.D.2. However, federal law requires that the management of the attendance and leave of the federal service, to include work schedule flexibilities such as "telework" and "alternative work schedule ["AWS"]", ***adhere to federal law in addition to*** the terms of a collective bargaining agreement. See [Title 5 of the United States Code \(U.S.C.\), PART III, Subpart E on Attendance and Leave, CHAPTER 61, SUBCHAPTER II Regarding Flexible and Compressed Work Schedules](#), "...any flexible or compressed work schedule, and the establishment and termination of any such schedule, shall be subject to the provisions of this subchapter **and** the terms of a collective bargaining agreement...". See [5 U.S.C. §6130\(a\)\(1\)](#). The subchapter references several Executive Directives, Orders and rules that clarify such "schedule flexibilities" include both "alternative work schedules" and "telework". See [Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625 on "Enhancing Workplace Flexibilities and Work-Life Programs"](#).

Am I misinterpreting this law? Does this federal law and Presidential Directive not apply to HRSA?

-

b. OPM, EEOC, and MSPB Regulations and Directives

Pursuant to [5 U.S.C. §1101\(a\)](#), Federal Agencies must adhere to “all executive orders, rules, and regulations affecting the Federal service” unless “modified, terminated, superseded, or repealed by the President, the Office of Personnel Management [“OPM”], the Merit Systems Protection Board [“MSPB”], the Equal Employment Opportunity Commission [“EEOC”], or the Federal Labor Relations Authority [“FLRA”]...”.

Is HRSA exempt from following rules and regulations established by OPM, the MSPB and the EEOC? Please let me know.

-

II. AGENCY IS AWARE THAT LEAVE, TELEWORK AND AWS RESTRICTION(S) WOULD EXPOSE ME TO POTENTIAL DANGER AND IRREPARABLE HARM

a. Factual Background

You and the Agency, became acutely aware that I have felt a need to avoid being near the Agency building in effort to ensure my safety and potential harm to my life. This is evidenced through my April 25, 2022 emailed reply to your April 19, 2022 Memorandum and my June 1, 2022 emailed reply to your May 23, 2022 attempt to remove evidence on my laptop from my possession. I further explained these matters in my August 22-24, 2022 reply **(Also labeled August 22, 2022 Reply and attachments...)** to your July 20, 2022 proposal to suspend me. **Attached**. My explanation included photos that evidenced I was being attacked by toxic radiation levels in a location that is only 6 minutes away from the Agency building. You even included the photos in your July 20, 2022 proposal to suspend me and responded to my August 22-24, 2022 reply by suggesting I update my AWS location on my telework agreement.

Am I mistaken? Did you believe that my June 1, 2022 emailed statement of “I do not currently have the luxury of dropping into the HRSA building at a moment's notice without extensive planning and foresight, and without risk to my life” failed to clarify that I feel a need to avoid being near the Agency building to ensure my safety?

-

Whether or not my beliefs of risk to my safety near the Agency building are credible or provable, your September 21, 2022 Leave and AWS restrictions came only three and a half months afterwards, thus strongly evidence retaliatory intent. At least, as I currently understand applicable MSPB and EEOC guidance and case law.

-

Or do MSPB and EEOC decisions and directives governing reprisal not apply to you and HRSA? See my April 25, 2022 reply to your April 19, 2022 Notice and June 1, 2022 reply to May 23, 2022 email attached.

As I understand [Presidential Directive under the Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625](#) on “Enhancing Workplace Flexibilities and Work-Life Programs”, “leave policies... related to stalking situations” is one of the “workplace flexibilities” that federal agencies must “ensure... are available to the maximum extent practicable, in accordance with the laws and regulations...”. See [Section 2 \(I\) of June 23, 2014, 79 F.R. 36625 in 5 U.S.C., Part III](#). **Does this Presidential Directive not apply to me, HRSA and HHS?** Because your September 21, 2022

restriction of leave, AWS and telework not only appears to be retaliatory, but also appears intended to place me in danger and in a frightful situation.

III. LEAVE AND AWS RESTRICTION VIOLATES THE REHABILITATION ACT AND EEOC DIRECTIVES

a. Factual Background

The Agency and you are aware that I have had reasonable accommodation needs beginning late 2019, and/or early to midyear 2020, and that my requests for a reasonable accommodation included, but are not limited to: episodic telework, flexible work schedule and leave. The Agency and you also have record that ‘telework’ was an effective accommodation for me. Historical evidence in the matter which is further described below, establishes that my panic attack symptoms took place primarily at the Agency building and I experienced a remission of these symptoms upon being on 100% telework during the pandemic.

The Agency and you are aware that I experienced a remission of panic attack symptoms during the Agency’s 100% telework policy during the pandemic, and that I surpassed performance expectations while being on 100% telework and using 213 to 259 hours of leave a year from 2020 to 2021. The Agency’s prior attempt to discredit my qualifications for a reasonable accommodation, for the likely purpose of avoiding liability in my harassment case, by utilizing a misrepresented FOH “medical review” were unsuccessful. To date, the Agency and its legal counsel have been unable to provide a legal or factual evidence-based argument to counteract my allegations that the “medical review” was and is misrepresented, not in adherence with applicable law, regulation and industry standards.

To recap the factual events:

1. On or around December 2019, I began experiencing panic attacks. They occurred at the Agency building and on a plane. **See pages 197-198 of August 22-24, 2022 Reply to proposed suspension PDF and ROI for my last EEO complaint.**
2. On or around February 2020, I sent a reasonable accommodation (“RA”) request to the Agency’s RA accommodations office. **See attached August 22-24, 2022 Reply to proposed suspension.**
3. I began experiencing a remission in panic attack symptoms after being on 100% telework due to the pandemic, beginning on or around March 10, 2020. **See doctor’s progress note at page 208 of August 22-24, 2022 Reply to proposed suspension PDF.**
4. On April 24, 2020, the Agency denied my RA request, arguing an unnamed FOH physician’s medical review determined I didn’t qualify. The “medical review” contradicted the progress notes of my psychiatrist and blamed my personality and perceptions. Its conclusions did not consider any medical evidence. It characterized my RA request as “perceived harassment”. **See pages 207-209 and 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
5. The Agency’s denial of the RA did not consider evidence of my performance abilities nor the fact that telework had proven to be an effective accommodation. **See 2019 and 2020 PMAP ratings at pages 19-62 of August 22-24, 2022 Reply to proposal suspension PDF and number 4 above.**
6. An expanded misrepresented “medical review” was introduced during the administrative discovery process. **See pages 204-206 and 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
7. The responsible physician, FOH, and Agency FOIA office were unable to furnish any

medical records upon request. **See attachment titles “2-24-2021 email...” hyperlinked on page 181 of August 22-24, 2022 Reply to proposed suspension PDF.**

8. Upon challenging its legitimacy, the Agency withdrew the physician as a witness for the August 2021 EEOC Hearing. **See attached July 14, 2021 AJ’s Memorandum and pages 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
9. The Agency’s RA Accessibility Specialist later testified that panic attacks are a medical condition that the Agency is required to accommodate, regardless of how they were caused. **See attached August 27, 2021 EEOC Hearing testimony of Elizabeth Pinkard-Adams.**
10. On July 20, 2020, my first-level supervisor, Carolyn Nganga-Good, learned I had reasonable accommodation needs that had previously been wrongly denied. **See attached July 20, 2020 email titled “7-20-2020 Midyear PMAP Discussion...” between Claudia Rausch and Carolyn Nganga-Good.**
11. The same day, Ms. Nganga-Good agreed in writing to “*accommodate and be flexible with any accommodation requests that are within reason as long as work deliverables are not negatively impacted*”. **See attached July 20, 2020 email titled “7-20-2020 Midyear PMAP Discussion...” between Claudia Rausch and Carolyn Nganga-Good.**
12. Ms. Nganga-Good later became aware the reasonable accommodation needs were partially due to panic attacks, PTSD symptoms and medication side effects on October 28, 2020 and December 26, 2020. **See highlights on attached December 26, 2020 email titled “12-26-2020 email to CNG re: dispute cases” between Claudia Rausch and Carolyn Nganga-Good.**
13. On April 27, 2021 and August 24, 2022, Ms. Nganga-Good became aware that the reasonable accommodations I was in need of, and had previously requested included RA based leave, telework, and schedule flexibilities such as late arrivals. **See April 27, 2021 email on pages 180-195 of August 22-24, 2022 reply to proposed suspension, and hyperlinked attachments on page 181 of August 22-24, 2022 reply to proposed suspension.**
14. During most of 2020 and all of 2021, the Agency was on 100% telework due to the pandemic. As my PMAP rating official, Ms. Nganga-Good rated my performance as “Achieved More Than Expected Results”. **See attached 2021 PMAP rating and 2020 PMAP on pages 19-44 of August 22-24, 2022 reply to proposed suspension.**
15. On August 27, 2021, Ms. Nganga-Good testified during the EEOC Hearing:
 - a. “*There’s usually flexibility*” in managing deadlines for disputes resolution cases and described the goal deadlines as “*general metrics*” that “*sometimes --- goes beyond, you know, six months*”. **See attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
 - b. She was aware of and recalls that I brought up a “*medical condition*” and a “*reasonable accommodation request*”. **See attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
16. On August 24, 2022, Ms. Nganga-Good became aware that telework was an effective accommodation for my panic attack symptoms, through the reply I provided to the July 20, 2022 proposed suspension memorandum. **See doctor’s March 20, 2020 note of “remission in symptoms of panic attacks ever since she has been working from home after the coronavirus outbreak” on page 202 of PDF attached to August 24, 2022 email “8-22-2022 Reply and attachments SIGNED”.**

b. Rehabilitation Act and Applicable EEOC Law and Regulations

As I understand the Equal Employment Opportunity Commission (“EEOC”)’s Directives, subjecting an employee with RA needs to different leave procedures, violates the ADA and

Rehabilitation Act. See *EEOC Enforcement Guidance on Employer-Provided Leave and the Americans with Disabilities Act*, OLC Control No. EEOC-NVTA-2016-1. Additionally, the EEOC requires an employer to consider providing unpaid leave so long as it does not create undue hardship for the employer. This applies even when an employee is not “eligible for leave” under employer leave policies or when an employee has exhausted leave benefits. According to the EEOC, an employer cannot legally enforce maximum leave policies or limitations on unplanned absences, on an employee who needs to use RA based leave - unless the employer can prove it would result in undue hardship.

Or does the referenced EEOC Guidance above, on Employer-Provided Leave and the Americans with Disabilities Act not apply to HRSA and your September 21, 2022 Notice?

The EEOC also requires employers who offer telework to allow employees with a disability an equal opportunity to use telework as well as waive eligibility requirements for telework to accommodate disabilities. See *EEOC Guidance on Work at Home/Telework as a Reasonable Accommodation*, OLC Control No: EEOC-NVTA-2003-1. According to the EEOC, “An employer may not withdraw a telework agreement or modified schedule” that is used as a reasonable accommodation because of unsatisfactory performance. I have in fact been using telework and my AWS as a reasonable accommodation. As I understand EEOC Enforcement Guidance, the Agency’s prior decisions on my RA requests have no bearing on the fact that I have used these workplace flexibilities as a reasonable accommodation and that I am entitled to use reasonable accommodations under the Rehabilitation Act. Per the EEOC, an employer who failed to grant a reasonable accommodation that did not constitute undue hardship, may not discipline an employee who has performance issues that resulted from the lack of an accommodation. See the *EEOC’s September 3, 2008 Guidance on Applying Performance and Conduct Standards to Employees with Disabilities*. This year, you have attempted to reduce all workplace flexibilities that I’ve used as reasonable accommodations. Accordingly, I don’t see how any alleged performance issues this year, if any, are not related to either reprisal or an unlawful removal of a reasonable accommodation I’m entitled to use under federal law.

Or does the EEOC’s position referenced above on applying performance and conduct standards to employees with disabilities, not apply to HRSA?

In your September 21, 2022 Notice, you make reference to previously issued memorandums by you dated April 19, 2022 and May 23, 2022, where you assert that “*In the event [you] believe [I] may be requesting leave inappropriately, [you] may request acceptable documentation before [you] approve leave*”. However, you have not once insisted on receiving additional documentation before approving leave after your April 19, 2022 and May 23, 2022 notices. This indicated to me that the documentation you have which is summarized in the factual background above, concerning my reasonable accommodation needs is sufficient. Furthermore, I don’t believe EEOC’s Enforcement Guidance even allows an employer to request additional medical documentation, after they have already been provided with initial documentation in support of a reasonable accommodation. But please, feel free to correct me if I’m wrong.

In conclusion, I’m inclined to believe that your September 21, 2022 Notice is a deliberate

attempt to retaliate by interfering with my rights to a reasonable accommodation under the Rehabilitation Act. Your September 21, 2022 Notice also asserts that you do not plan to approve Leave Without Pay (“LWOP”) except as necessary by rule of law. However, the Agency’s reasonable accommodation accessibility specialist testified during the August 27, 2021 EEOC Hearing that the Agency approves LWOP all the time for employees who have little to no leave and need reasonable accommodations. ***See Ms. Pinkard-Adams’ testimony attached.*** Subsequently, I believe this further evidences the retaliatory intent of your September 21, 2022 Notice.

**IV. ABSENT RETALIATION, LEAVE RESTRICTIONS AND SUSPENSIONS OF AWS/TELEWORK STILL LACKS LEGAL AUTHORITY.
PER FEDERAL LAW, EXCLUSION OF SCHEDULE FLEXIBILITIES MUST BE DUE TO DISRUPTION OF AGENCY FUNCTIONS OR ADVERSE AGENCY IMPACT**

As I understand applicable law, even if the above facts and laws do not deem the September 21, 2022 Notice to constitute unlawful retaliation, the Notice’s restrictions still remain unsupported by laws governing the federal service.

According to federal law pursuant to Title Five of the United States Code, an Agency may only (1) “restrict the employees’ choice of arrival and departure time” and/or (3) “exclude from such program **any employee** or group of employees” if the agency is “is being substantially disrupted in carrying out its functions or is incurring additional costs because of such participation.” See [5 U.S.C. §6122 \(b\)](#). This is also emphasized under [5 U.S.C. §6131 \(a\)\(2\)](#), which provides that the only time an Agency may determine not to continue a “particular flexible or compressed schedule” is if and when the “head of the agency” finds that such a schedule would have “adverse agency impact” such as (b) (1) “a reduction of the productivity of the agency; (2) a diminished level of services furnished to the public by the agency; or (3) an increase in the cost of agency operations.” See [5 U.S.C. §6131 a –b](#).

Do these federal laws not apply to HRSA and your September 21, 2022 Notice? Because nowhere in your notice, did you reference or specify ways that my leave usage has disrupted the Agency’s functions, resulted in increased costs or an adverse agency impact. The Notice briefly asserted that my “frequent pattern of unscheduled absences have resulted in a negative impact for the team” but did not specify any incidents in which the team was affected or how the team was negatively affected. **Can you please clarify and specify when and how the team has been negatively impacted by my absences? And how it amounted to substantial disruption on Agency functions and an adverse agency impact? What factual evidence supports these allegations? Does HRSA not have to support its personnel actions with factual evidence?**

V. PER FEDERAL REGULATIONS, LIMITATIONS ON SICK LEAVE USAGE ONLY APPLY TO FAMILY CARE AND BEREAVEMENT

Your September 21, 2022 Notice attempts to use “low leave balances” to justify a leave restriction. However, these are no applicable laws, regulation, or policies that require federal employees to maintain a minimum leave balance. **Are there?** OPM federal regulations under [5 C.F.R. § 630.401 b-d](#) only place limitations on the maximum amount of hours of sick leave that can be used annually, on matters related to providing care for a family member or planning funeral arrangements. _

Do OPM regulation not apply to HRSA?

VI. JUSTIFICATION OF EXCESSIVE LEAVE USAGE AND POTENTIAL IMPACT TO AGENCY IS UNSUPPORTED BY FACTS AND HISTORICAL DATA

Your September 21, 2022 notice attempts to support nonfactual allegations and assert that “...in 2022, [I] have used unanticipated leave with little to no notice in almost every pay period”. However, my leave usage pattern is no different or poorer than prior years, all which resulted in “Achieved More Than Expected Results”. ITAS records evidence that I have only used unanticipated leave in 10 out of 20 pay periods in year 2022. **See attached ITAS Administrative Leave records for Years 2015-2022.** In fact, I used more unanticipated leave during the first 8 months of last year (98.25 sick leave hours by August 28, 2021), than I have this year (87.25 SL hours by Sept. 10, 2022), and I still surpassed performance expectations in the year 2021. **See attached ITAS Administrative Leave Record for Year 2021 and 2021 PMAP End of Year Appraisal Score of 3.80, Level 4 of “Achieved More Than Expected Results”.** As my 2021 supervisor and rating official, you even rated me at a Level 4 for Critical Element II, BHW Collaboration which pertains to “teamwork”. You gave me this rating in 2021 all while I was on 100% telework and used more unanticipated leave in 2021 than this year in 2022.

In fact, ITAS and PMAP records for all prior years, 2015 to 2021, evidence that I’ve routinely used an equal amount of unanticipated leave each year at HRSA, sometimes more, while still surpassing performance expectations each year. See **attached 2021 PMAP rating and PMAP ratings for years 2016-2020 at pages 19-107 of August 22-24, 2022 Reply to proposed suspension.** Accordingly, I don’t understand how one could reasonably conclude that my unanticipated absences this year would negatively impact the team, disrupt Agency functions, or have an adverse impact on the Agency. **Can you please tell me? Can you please tell me what has changed from last year to this year?** Because the only thing I’m aware of, that has changed in our employee-supervisor relationship from last year to this year is that I now have a new EEO complaint pending against you and the Agency, with 35 plus claims on it, nine which identify you as the responsible management official. That and my whistleblowing activity of fraud, electronic surveillance and interference with my previous EEO activity; all which you’ve been made aware of through previous emails as cited above.

Or am I mistaken? Has something else changed in our employee-supervisor relationship from last year to this year? That has enticed you to take so many personnel actions against me?

VII. THERE ARE NO LAWS, REGULATION, OR POLICIES THAT FORBID THE USE OF LEAVE ON SCHEDULED IN-OFFICE DAYS. NOR WERE ANY SUCH REQUIREMENTS COMMUNICATED

Your September 21, 2022 Notice goes on to assert that you are concerned with the timing of my leave requests as they often coincide with days I’m required to report into the office. As explained above, I have used leave as a reasonable accommodation and to avoid potential danger and irreparable harm. There are no laws, regulations, rules, Agency policies, Division policies, or requirements that say we cannot request leave on a scheduled in-office day. **Are there? And if so, why was this not communicated at the start of establishing our telework agreements?** In fact, you approved my in-office days of the first Monday of the pay period and the last Friday of the pay period – days in which hardly anyone is in the office. These are also days that Federal Holidays

routinely land on. **If this was an issue, why weren't employees kept from requesting Monday as an in-office day, when federal holidays routinely land on Mondays?** Accordingly, I don't understand how absences on these days negatively impacts any Agency operations or "team" activity, since hardly anyone is in on these days.

I look forward to any clarification you can provide.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, October 3, 2022 3:20 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Work Status
Importance: High

Hi Claudia,

I am following up on your work status and whereabouts as you have not been seen on site at the Parklawn Building on 9/28, 9/30, and today, 10/3 and I have not received any leave requests from you. You were instructed that you have to be onsite starting Wednesday 9/28/2022 per the Leave Restriction Notice that you were issued on 9/21/2022 and the subsequent follow-up emails. Please advise no later than **COB today** about your work status for today and your whereabouts.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov

[HRSA/National Practitioner Data Bank](#)



From: [Rausch, Claudia \(HRSA\)](#)
To: [Moore, Melissa \(HRSA\)](#); [Loewenstein, David \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#)
Cc: [Carolyn Nganga-Good \(HRSA\)](#) (cnganga-good@hrsa.gov); [Lee, Kelli \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#)
Subject: FW: Laptop Return
Date: Wednesday, October 5, 2022 8:59:00 AM
Importance: High

Dear Melissa, Dave, and Dr. Padilla:

For our records, please note that I intended to carbon copy you on the email below.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
📞: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Rausch, Claudia (HRSA)
Sent: Wednesday, August 10, 2022 5:43 PM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>; Fayese, Olufunmilayo (HRSA) <OFayese@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Patel, Nisha (HRSA) <NPatel@hrsa.gov>
Subject: RE: Laptop Return

Dear Carolyn,

Please take notice that based on facts and evidence I have reviewed, **I believe your email and instructions are unlawful, and an attempt to cover up fraud** and criminal activity by federal employees and/or federal contractors. Since previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, I will pursue legal action to the fullest extent allowed by law.

I also believe your email and actions are intended to deter protected EEO-activity and retaliate against a whistleblower.

For our records, **this email by me is attempt to exercise my rights to protected opposition**

pursuant to 29 CFR Part 1614 and the NO FEAR ACT. In effort to exhaust my responsibility to gain resolution through any processes that may be available by the Agency, I have carbon copied additional Agency management officials in attempt to escalate my concerns of retaliation.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (**BHW**)

☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Wednesday, August 10, 2022 5:06 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>

Subject: RE: Laptop Return

Claudia,

You were provided with clear instructions regarding your old HRSA laptop and you are expected to comply.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)





From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, August 10, 2022 12:42 PM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>
Subject: RE: Laptop Return

Hi Carolyn,

Sorry for the delay, I've had a lot on my plate.

Please take notice that I believe your actions, including all your requests for the laptop that contains the evidence that proves my current EEO claims, and your threats to take disciplinary action are unlawful, and at the minimum, **rooted in retaliatory animus, intended to deter my protected EEO-activity**, and amount to actionable retaliation. Specifically, **I believe your actions are intended to interfere with the integrity of the EEO process and my right to an impartial investigation into my EEO claims**. Accordingly, I will at the minimum, be pursuing a claim of retaliation and/or retaliatory harassment in response to each of your emails that threatens disciplinary action and/or attempts to remove the laptop with evidence of my EEO claims from my possession while my EEO claims are pending.

To date, every OIT employee I have spoken to regarding this matter has contradicted your statements or refuses to comment on the matter or be involved in the discussion. Subsequently, I reasonably am having a hard time believing that "OIT has advised that [my] old HRSA laptop poses a security risk and could put our HRSA network at risk due to it not having the latest security patches." I believe that a fact-finder with authority to make a decision during the adjudication of my retaliation claims will form the same conclusion, and find that your explanations are simply pretext for discrimination. Any perceived resistance from me in response to such emails, is at most, an attempt by me to oppose unlawful retaliatory actions by you; and not an attempt of misconduct.

I have courtesy copied other supervisors in my chain of command and Kelli Lee's, in effort to escalate my concerns of your retaliatory actions and exhaust whatever available resolutions the Agency is able to provide in response to your actions of retaliatory harassment towards me.

I'll further respond to this matter when I respond to your July 20, 2022 recommendation to suspend me for 7 days. Please stop with your retaliatory harassing emails about the laptop. They appear to be another attempt to distract me from pending issues, to include but not limited to, matters relating to my current EEO complaint.

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, August 10, 2022 11:41 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Laptop Return

Hi Claudia,

I did not hear back from you regarding the status of your old HRSA laptop and I have been notified that it has not been returned as of this morning. OIT has advised that your old HRSA laptop poses a security risk and could put our HRSA network at risk due to it not having the latest security patches. Since you have failed to return your old laptop as instructed, we will have to take additional measures to safeguard HRSA and assure the agency's network is secure as it pertains to your old HRSA laptop. To reiterate, you are not permitted to keep your old HRSA laptop, or to use the laptop and you must return the laptop to HRSA by **COB on your next workday**.

Your continued misconduct is unacceptable and is continuing to cause disruption and additional work for multiple individuals and program areas and cannot be tolerated. I expect your immediate compliance.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857

Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, August 3, 2022 12:50 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Laptop Return

Hi Claudia,

I am not inhibiting you from reporting any crimes that you deem appropriate to report. I did not mention that I spoke with OIT; I advised you verbally on 7/20/2022 during our one-on-one meeting that I had been notified that you had not returned your old laptop and you were required to return it as instructed. I also notified you that if the old laptop is needed as evidence as you stated, there are proper channels for evidence processing and the investigating agency(ies) would have to request the equipment through the proper channels as needed.

If you have surrendered HRSA's equipment to any individual outside of HRSA's OIT, I need that information immediately so that I can report the equipment location to our OIT. Please provide me this information by 5pm ET today, 8/3/2022.

If you are still in possession of your old laptop, you must return the laptop by 5pm ET tomorrow, 8/4/2022. Please also note, your laptop was not returned by yesterday per my instruction; you are failing to follow instructions, which is considered misconduct.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, August 3, 2022 9:50 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>; Wampler, Valerie (HRSA) <VWampler@hrsa.gov>; Fayese, Olufunmilayo (HRSA) <OFayese@hrsa.gov>
Subject: RE: Laptop Return

Hi Carolyn,

I'm confused. In my June 21, 2022 email (attached), I told you that I was going to turn over the laptop to an authoritative federal law enforcement agency that has the authority to investigate the crimes that are evidenced on the laptop. You at no point replied to me or told me not to. No one included on that email replied to me, or disputed my claims. Accordingly, I thought you were in agreement.

Are you now asking me not to report these crimes? And asking me to turn in the laptop over to you and the Agency instead, so that the crimes evidenced on my laptop are not investigated? Because that's the impression I'm under. You mentioned you spoke to OIT, are they involved with this decision? I have CC'd then so that they may chime in and provide clarification. Since it appears Kelli Lee has been advising you on this, I have CC'd her on this email too, to make sure everyone is on the same page about what has been discussed regarding this laptop.

The crimes I'm referring specifically, are the electronic interference with my EEO activity. Yes, interfering with someone's constitutional rights to pursue a civil action in response to discrimination, is a crime. As I stated in my June 21, 2022 email with cites to the applicable law. Do you disagree, Carolyn? Are you aware of any laws, regulations or policies that form a contradictory conclusion? If you could please clarify that, it may help make sense of what you're asking me to do because I'm completely confused by your emails.

Are you trying to tell me that you don't want me to report the crimes that are evidenced on my laptop? I thought the HHS code of conduct, HHS HR instructions, and ethics rules governing federal employees, require federal employees to report crime and wrong doing? I have CC'd HR in case they are able to chime in and clarify.

In my June 21, 2022 email, I provided you with the applicable U.S. Criminal Code laws and asked you

to let me know if you thought these laws did not apply to these circumstances. But you never replied. So I really don't understand where your current email is coming from. Subsequently, I believe your emails are also rooted in retaliatory intent, and violate the EEOC's federal regulations pursuant to 29 C.F.R. Part 1614; as I explained in my June 21, 2022 email to you. I am CC'ing my higher level supervisors and HR in effort to exhaust my responsibilities to escalate my concerns of retaliation.

I will further address these concerns in my reply to your recent recommended disciplinary action to suspend me.

Thank you very much for your time and attention to this matter.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, July 20, 2022 4:35 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Laptop Return

Claudia,

Also as informed this afternoon, it is important that we comply with HRSA's initiatives regarding their equipment. Since you have not returned your old HRSA laptop to OIT as directed previously, I am instructing you to return it to OIT no later than your next in-office day, July 29th. If you happen to be out of the office unexpectedly on July 29th, you must return your HRSA laptop by close of business on your next scheduled workday (telework or in-office day).

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration

5600 Fishers Lane, Rockville, MD 20857

Phone: 301-443-2251

Email: cnganga-good@hrsa.gov

[HRSA/National Practitioner Data Bank](#)



SENT VIA EMAIL TO: cnganga-good@hrsa.gov; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Gaskill, Sheena (HRSA) <SGaskill@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>

Date: October 5, 2022

To: Carolyn Nganga-Good
Policy & Disputes Branch Chief
Division of Practitioner Data Bank, BHW
Health Resources and Services Administration
U.S. Department of Health and Human Services

& And Above Named Recipients

Subject: **Reply to October 4, 2022 Email Follow-Up Re: September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternative Work Schedule Suspension and Related Actions and;**

Formal Notice of Intent to Take Legal Action Re: Workplace Discrimination, Retaliation in Violation of MSPs, WPA, NO FEAR ACT and EEOC Regulations

From: Claudia Rausch
Management Analyst

Hi Carolyn,

In reply to your October 4, 2022 email, I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th.

As explained in my October 4, 2022 emailed reply to the instructions from your September 21, 2022 Notice, I do not understand your instructions and requested clarification. Can you please answer my October 4, 2022 questions and provide me with the clarification I am seeking?

To recap, my approved leave usage from this year, is the basis for your September 21, 2022 decision to restrict my leave usage and suspend me from participating in the Agency-wide Alternative Work Schedule and Telework programs. As you are aware through our prior communications, a lot of the leave I've used has been to accommodate my reasonable accommodation ("RA") needs; and/or

avoid a hostile work environment and retaliatory harassment. If the Agency would've approved my prior RA request of episodic telework and/or 100% telework which proved to be an effective accommodation, I wouldn't have needed to use leave on days I'm scheduled to go to the Agency building.

You were willing to accommodate my reasonable accommodation needs before. I don't understand why that has changed suddenly and why you have decided to eliminate all the aforementioned work schedule flexibilities that I have used as reasonable accommodations. Nor have you been willing to engage in the interactive process required under the Rehabilitation Act. Accordingly, please advise what I need to do to obtain a reasonable accommodation of 100% telework from the Agency, and/or RA based leave. Please also advise what resolution, assistance or remediation is available to me from the Agency. Also, please advise if the Agency is able to provide any support for my reasonable accommodation needs and the retaliatory harassment I continue to experience.

Notably, your September 22, 2022 restrictions and suspension of leave use, AWS, and telework comes after I made you aware that I feared being near the Agency building due to retaliatory harassment to include, but not limited to, radiation attacks. At the minimum, it is clear that this management decision is intended to further create even more intolerable working conditions for me; forcing me to exhaust my leave.

Your September 22, 2022 notice and related decisions are clearly based on leave usage that has resulted from the Agency's wrongful actions, and thus, give me no meaningful choice in the matter. This more than suggests that your September 22, 2022 threat of disciplinary action and/or removal from the federal service for failure to comply with the unfair and unlawful restrictions and suspension of leave use, AWS, and telework; is intended to support a constructive removal and/or constructive disciplinary action against me. Based on the facts and evidence I have reviewed, it is clear that my protected activity, to include but not limited to, my EEO-activity and whistleblowing activity, are at the minimum – motivating factors in these personnel actions. Subsequently, amounting to Prohibited Personnel Practices in violation of the Merits Systems Principles pursuant to Title Five of the United States Code.

Considering this alongside other factors, to include the fact that you seem unwilling or unable to respond to my October 4, 2022 questions and request for clarification, **please take notice** of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, **please take notice that I will pursue legal action against you and all accountable parties to the fullest extent allowed by law.**

This is based on facts and evidence I have reviewed, which lead me to reasonably believe that **your instructions and September 22, 2022 restrictions and suspension of leave use, AWS, and telework are unlawful. I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws.** Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination me. I believe I'm being treated differently by you and the Agency because I'm a Hispanic, Mexican-American

Female. I also believe I'm being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

Any perceived resistance from me in response to the unlawful instructions referenced in above, is at most, an attempt by me to oppose unlawful retaliatory actions by you and the Agency or protect myself from danger and irreparable harm; and not an attempt of misconduct.

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available by the Agency, **I have carbon copied additional Agency management officials in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

CC: Melissa Moore, DPDB Deputy Director
David Loewenstein, Director of DPDB
Sheena Gaskill, DPDB Timekeeper
Luis Padilla, BHW Associate Administrator
Carole Johnson, HRSA Administrator
Catherine Ganey, Director of Human Resources
Kelli Lee, Labor and Employee Relations Specialist
Anthony Archeval, Director of OCRDI
Jordan Grossman
Diana Espinosa
Wendy Kadingo
Shontae Ali
Dale Colbert
Anthony Archeval
Sheila Pradia-Williams

From: [Rausch, Claudia \(HRSA\)](#)
To: [Archeval, Anthony \(HRSA\)](#); ["Washington, Angela \(HRSA\)"](#); [Toledo, Oscar \(HRSA\)](#)
Cc: ["claudiamarauschi@hotmail.com"](#); [Rausch, Claudia \(HRSA\)](#)
Subject: Complainant's Second Motion to Amend Complaint
Date: Wednesday, October 5, 2022 6:57:00 PM
Attachments: [10-5-2022 Complainant's 2nd Motion to Amend Signed.pdf](#)

Mr. Archeval,

Please see attached. It was just filed onto the EEOC Portal as well.

Thanks,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
): 301-945-3059| 3: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: [Archeval, Anthony \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#); [Washington, Angela \(HRSA\)](#); [Toledo, Oscar \(HRSA\)](#)
Cc: claudiamarausch@hotmail.com
Subject: RE: Complainant's Second Motion to Amend Complaint
Date: Thursday, October 6, 2022 11:17:43 AM

Ms. Rausch,

This is to confirm receipt of your motion.

Thank you.

Anthony F. Archeval, JD, Director
Office of Civil Rights Diversity and Inclusion (OCRDI)
Health Resources & Services Administration
5600 Fishers Lane
Rockville, MD 20852

-----Original Message-----

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Thursday, October 6, 2022 9:47 AM
To: Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Washington, Angela (HRSA) <AWashington@hrsa.gov>; Toledo, Oscar (HRSA) <OToledo@hrsa.gov>
Cc: claudiamarausch@hotmail.com; Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Complainant's Second Motion to Amend Complaint

Mr. Archeval,

Please see attached. It was just filed onto the EEOC Portal as well.

Thanks,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
) 301-945-3059 | 3: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: [Rausch, Claudia \(HRSA\)](#)
To: [Toledo, Oscar \(HRSA\)](#); [Archeval, Anthony \(HRSA\)](#)
Cc: [Washington, Angela \(HRSA\)](#); [eeocomplaints](#); [ewinfrey@dszonline.com](#); [Ganey, Catherine \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Grossman, Jordan \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kadingo, Wendy \(HRSA\)](#); [Ali, Shontae \(HRSA\)](#); [Colbert, Dale \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#)
Bcc: [Rausch, Claudia \(HRSA\)](#); [claudiamarauschi@hotmail.com](#)
Subject: Emailing: 10-11-2022 Notice and Reply to Agency's 9-6-2022 Notice to EEOC.pdf
Date: Tuesday, October 11, 2022 9:47:00 AM
Attachments: [10-11-2022 Notice and Reply to Agency's 9-6-2022 Notice to EEOC.pdf](#)
Importance: High

Dear Mr. Toledo and Mr. Archeval:

I have some concerns and questions regarding some of the documents that your office, the Office of Civil Rights, Diversity and Inclusion (OCRDI), uploaded to the EEOC Portal for Complaint with EEOC Number: 531-2022-00289X and Agency Case Number: HHS-HRSA-0061-2022.

This includes but is not limited to, the September 6, 2022 "Notice to EEOC" letter signed by Oscar A. Toledo, Chief of EEO Complaints Management. Attached for reference.

Our written communications, also attached for reference, contradict the letter's statement of:

"On February 3, OCRDI issued a request for clarification of Complainant's alleged allegations of discrimination due to broad and confusing information provided, but Complainant provided no clarification."

As evident by our February 2nd through February 7th emails, your office confirmed that my "complaint will move forward with the information provided" and that it wasn't necessary to name responsible management officials (RMOs) for the specific incidents alleged at that stage in the process. You were carbon copied on this email, Mr. Toledo. At no point did you or anyone from your office request further clarification. At no point, did anyone from your office provide me with notice that my allegations required greater specificity or that my claims contained any deficiencies. At no point in the process, did OCRDI or the Agency identify any deficiencies in my January 3, 2022 claims, or give me an opportunity to amend any potentially insufficient claims. Am I mistaken? At no point, did anyone from OCRDI or the agency object to the manner in which my January 3, 2022 claims were identified or specified.

This is further evident by our following March 3, 2022 and April 19, 2022 emailed communications, after I inquired about the Agency's delay in deciding whether to accept the claims for investigation. Your office replied to my inquiries by asserting:

"[The Complaint] is currently being reviewed for acceptance or dismissal. You should receive a response letter next week" and

"Your claims have been reviewed and pending signature".

You both were carbon copied on these emailed communications, Mr. Toledo and Mr. Archeval. Did I miss something in our communications? Please feel free to provide clarification at this time and correct me if our written communications evidence otherwise. As you know, I have not had even one verbal communication with your office regarding this matter.

Following receipt of my August 3, 2022 Hearing Request, which you both were made aware of when the Complaints Specialist carbon copied you on the confirmation of receipt; you attempted to dismiss all or most of the 52 initial claims that you received on January 3, 2022. See your September 6, 2022 Notice to EEOC attachments and the August 8, 2022 Partial AMD ACC Rausch C HHS-HRSA-0061-2022 letter ("August 8, 2022 Partial Acceptance Letter") issued by your office.

Why did your office, OCRDI, wait till August 8, 2022 to make a decision about the claims you received on January

3, 2022? Considering federal regulations require Agencies to complete investigations into EEO claims within 180 days or receipt? Your September 6, 2022 Notice to the EEOC and August 8, 2022 Partial Acceptance Letter attempts to justify dismissing all my claims by asserting “numerous allegations were previously raised in HHS-HRSA-1024-2019”. Which January 3, 2022 allegations were previously raised in my last EEO complaint, Mr. Toledo and Mr. Archeval? Can you please clarify?

As you know, approximately 44 of the 52 allegations from my January 3, 2022 complaint occurred AFTER the closing of my previous complaint. Closing arguments for my previous complaint were submitted on or by October 18, 2021. Am I mistaken? The remainder of my 52 allegations were reoccurring events. Did my January 3, 2022 complaint fail to clarify this? If so, how? And if so, why did your office at no point provide me with notice of this, before I requested a Hearing on August 8, 2022? Can you please clarify how the Agency formed the conclusion that my January 3, 2022 claims were previously raised in my last complaint? Is the Agency not required to follow these common practices and provide such notices to complainants?

Absent clarification from you, I reasonably believe your actions amount to deliberate violations of applicable federal laws and regulations, and evidence at the minimum, an abuse of authority as defined by the Merits Systems Protection Board (“MSPB”) and The Office of Special Counsel (“OSC”).

As a matter of course, please take notice of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, please take notice that I intend to pursue legal action against you and all accountable parties to the fullest extent allowed by law.

This is based on facts and evidence I have reviewed, which lead me to reasonably believe that your mismanagement of my January 3, 2022 EEO Complaint is a deliberate attempt to deprive me of my rights and unlawfully provide the Agency, and/or certain Agency employees with an unfair advantage in the matter. I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws. Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I’m being treated differently by you and the Agency because I’m a Hispanic, Mexican-American Female. I also believe I’m being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

From: [Rausch, Claudia \(HRSA\)](#)
To: ewinfrey@dszonline.com
Cc: claudiamarauschi@hotmail.com; [Rausch, Claudia \(HRSA\)](#)
Subject: RE: [EXTERNAL] Re: Eric Winfrey - DSZ & Associates, Inc. - Authorized Investigator -- HHS-HRSA-0061-2022 (CONFIDENTIAL)
Date: Tuesday, October 11, 2022 12:35:00 PM
Importance: High

Mr. Winfrey:

Please note for our records that I will need more time to respond to the investigation for this complaint.

Thank you,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
) 301-945-3059 | 3: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

-----Original Message-----

From: ewinfrey@dszonline.com <ewinfrey@dszonline.com>
Sent: Monday, October 3, 2022 11:38 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: claudiamarauschi@hotmail.com
Subject: Re: [EXTERNAL] Re: Eric Winfrey - DSZ & Associates, Inc. - Authorized Investigator -- HHS-HRSA-0061-2022 (CONFIDENTIAL)

Good morning, Ms. Rausch -

I will note your concerns for the record. Moreover, I am authorized to grant you a five (5) day extension. Please return your responses by COB, Friday, October 07, 2022. If you have supporting documents and/or files, I will accept them throughout the investigation in order to keep the investigation moving forward.

As a reminder, I do not represent the interests of any of the parties in these complaints; moreover, I serve as an objective fact-finder and make no decisions or recommendations. For your records, I have attached another copy of my letter of authorization (LOA).

Thank you for your assistance in the investigation.

Best regards,

Eric Winfrey
Contract EEO Investigator
DSZ, Inc.
910.916.8716 (Cell)

Confidentiality Notice: This is intended for the sole use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the

sender immediately.

This e-mail may contain controlled unclassified information (CUI). It is intended only to be read by the individual to whom it is addressed. If the reader of this message is not the intended recipient, you are on notice that any distribution of this message, in any form, is prohibited. If you receive this message in error, please immediately notify the sender and delete or destroy any copy of this message. Any misuse or unauthorized may result in both civil and criminal penalties.

On 2022-09-30 6:57 pm, Rausch, Claudia (HRSA) wrote:

> Good afternoon Mr. Winfrey:

>

>

> I am going to need more time to respond.

>

> For our records, the Agency has overwhelmed me with retaliatory
> actions over the past 10 days, all which require a response from me.
> It appears to me that this was done intentionally for the purposes of
> interfering with my ability to respond to this EEO investigation.

>

> Additionally, please note that I think it is incredibly unreasonable
> of you to give me a 10-day deadline to respond to your initial inquiry
> for 38 claims. More so considering the burden of proof is my
> responsibility. Is this done with intent to interfere with my ability
> to respond to the EEO investigation? Because that's the impression I
> have.

>

> I also have a few questions about the questions about the manner in
> which the investigation is being conducted and the extent to which the
> Agency is involved in determining how you conduct this investigation.
> I will follow-up with you in regards to these questions, thanks.

>

> Regards,

>

> Claudia Rausch
> Management Analyst
> Policy and Disputes Branch
> National Practitioner Data Bank
> HHS | HRSA | Bureau of Health Workforce (BHW)
>): 301-945-3059 | 3: crausch@hrsa.gov

>

> BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

>

> -----Original Message-----

> From: ewinfrey@dszonline.com <ewinfrey@dszonline.com>

> Sent: Wednesday, September 28, 2022 1:16 PM

> To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

> Cc: Claudiamarausch <claudiamarausch@hotmail.com>

> Subject: [EXTERNAL] Re: Eric Winfrey - DSZ & Associates, Inc. -

> Authorized Investigator -- HHS-HRSA-0061-2022 (CONFIDENTIAL)

> Importance: High

>

> Good afternoon, Claudia -

>

> I hope all is well. I am just checking in to give you a friendly
> reminder that your responses are due on or before COB, Friday,
> September 30, 2022.

>
> Best regards,
>
> ---
> Eric Winfrey
> Contract EEO Investigator
> DSZ, Inc.
> 910.916.8716 (Cell)
>
> Confidentiality Notice: This is intended for the sole use of the
> individual or entity to which it is addressed and may contain
> information that is privileged, confidential, and exempt from
> disclosure under applicable law. If the reader of this communication
> is not the intended recipient or the employee or agent responsible for
> delivering the message to the intended recipient, you are hereby
> notified that any dissemination, distribution, or copying of this
> communication may be strictly prohibited. If you have received this
> communication in error, please notify the sender immediately.
>
> This e-mail may contain controlled unclassified information (CUI). It
> is intended only to be read by the individual to whom it is addressed.
> If the reader of this message is not the intended recipient, you are
> on notice that any distribution of this message of this message,
> in any form, is prohibited. If you receive this message in error,
> please immediately notify the sender and delete or destroy any copy of
> this message. Any misuse or unauthorized may result in both civil and
> criminal penalties.
>
>
> On 2022-09-16 4:59 pm, ewinfrey@dszonline.com wrote:
>> Good afternoon, Ms. Rausch -
>>
>> I have attached four (4) documents for your review and
>> response/signature. I have attached the following documents:
>> Designation of Representative, Privacy Act Notice, and Right to
>> Remedies. Please review these documents and send them back at your
>> earliest convenience, preferably on or before returning your
>> responses to interrogatories.
>>
>> Also, I have attached the first set of interrogatories for your
>> review and response. You have ten (10) business days (Friday,
>> September 30,
>> 2022) to provide a response (initial and sign where indicated). As
>> previously stated, I will review your responses and follow up via
>> telephone.
>>
>> As a reminder, my role as an EEO Investigator is to serve as an
>> objective factfinder; I make no decisions, suggestions, or
>> recommendations per this investigation. Finally, I do not represent
>> the interest of any of the parties in these complaints.
>>
>> Please let me know if you have any questions concerning the
>> documents, allegations, and/or interrogatories.
>>
>> Please confirm receipt of this communication by return email at your
>> earliest convenience.
> CAUTION: This email originated from outside of the organization. Do

> not click links or open attachments unless you recognize the sender

> and are confident the content is safe.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

From: [Rausch, Claudia \(HRSA\)](#)
To: [Loewenstein, David \(HRSA\)](#)
Cc: [Moore, Melissa \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Grossman, Jordan \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kadingo, Wendy \(HRSA\)](#); [Ali, Shontae \(HRSA\)](#); [Colbert, Dale \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Nganga-Good, Carolyn \(HRSA\)](#); [Dixon, Alexandra \(HHS/OGC\)](#); [Te, Christy \(HHS/OGC\)](#); [Archeval, Anthony \(HRSA\)](#); [Toledo, Oscar \(HRSA\)](#)
Bcc: claudiamarausch@hotmail.com; [Rausch, Claudia \(HRSA\)](#)
Subject: FW: Follow Up
Date: Thursday, October 20, 2022 5:27:00 AM
Importance: High

Dear Mr. David Loewenstein:

Over the course of the past two years, I have carbon copied you on at least 19 emails between my first-level supervisor, Carolyn Nganga-Good and myself, in which **I have alleged that Ms. Nganga-Good has engaged in unlawful discrimination and retaliation against me** in response to my protected EEO and whistleblowing activity. I have also expressed that Melissa Moore, my second-level supervisor has failed to prevent and correct the unlawful retaliation and harassment I have experienced. Through each of these emailed communications, I have explained that my purpose for carbon copying you was to escalate and report my concerns of unlawful discrimination/retaliation up the chain of command and make use of whatever resources may be available to me by the Agency. Did any of these aforementioned emails from me fail to clarify this? Please correct me if I'm wrong, but **it is my understanding that you have a legal responsibility to protect the Agency from liability, by preventing and correcting unlawful harassment that is within your purview and/or unlawful harassment that you are made aware of.** In the interest of everyone's time, I have carbon copied the Human Resources Office, the Agency's Legal Counsel, and other relevant parties on this email.

As I understand, **you are Melissa Moore's first-level supervisor, Carolyn Nganga-Good's second-level supervisor, and my third-level supervisor.** The current PMAPs for BHW indicate that supervisors are responsible for resolving workplace conflicts at the earliest stage and upholding EEO/diversity and inclusion values amongst employees within their purview. Does this not include an employer's legal responsibility to prevent and correcting unlawful harassment, to include retaliatory harassment? Does the Agency's Zero Tolerance Anti-Harassment policy and NO FEAR ACT not apply to my circumstances? Pursuant to the EEOC's Enforcement Guidance on Vicarious Liability for Unlawful Harassment by Supervisors, (OLC Control Number: EEOC-CVG-1999-2), employers are required to exercise reasonable care to prevent and correct harassment. Please feel free to correct me if you believe I am misinterpreting BHW's PMAP requirements, the Agency's Zero-Tolerance Anti-Harassment policy, or applicable whistleblower laws.

Despite my escalations to you, and the lack of facts and legal authority cited to support Ms. Nganga-Good's actions, her discriminatory and retaliatory actions have continued to progress. Her adverse actions and treatment of me has become sufficiently severe, pervasive, and amounts to a hostile work environment. One of the latest incidents appears in the email trail below. Ms. Moore has clearly failed to and/or has been unwilling to prevent and correct unlawful harassment and discrimination. Many of Ms. Nganga-Good's actions, have also independently resulted in the imposition of discriminatory terms and conditions on my employment and have had a tangible and adverse impact on me and my employment.

Subsequently, I reasonably believe that you support these discriminatory and retaliatory actions against me by Ms. Nganga-Good, and Ms. Moore's deliberate failure to adequately prevent and correct unlawful harassment. I believe your failure and/or unwillingness to prevent and adequately correct these unlawful employment practices, in and of itself, amounts to unlawful discrimination and unlawful retaliation in response to protected EEO and whistleblowing activity. I also believe that this discrimination against me is occurring because I am a Hispanic, Mexican-American, Female, with a disability (perceived or otherwise).

Since previous attempts to reach resolution and communicate these concerns to you, Human Resources and management officials in my chain of command have been unsuccessful, **please consider this as formal notice that I intend to pursue legal action on this matter to the fullest extent allowed by law. For our records, please note that this email from me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614, the NO FEAR ACT, and other applicable laws.** In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: clausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, October 17, 2022 4:40 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>
Subject: Follow Up

Hi Claudia,

As notified and instructed on September 21, 2022 via the Leave Restriction Memo and thereafter in multiple communications, you were to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022. To date, you have failed to follow these

instructions and you have not confirmed your whereabouts. You are expected to comply with the leave restriction instructions you were provided.

In addition, you have been instructed to return your old HRSA laptop to OIT on multiple occasions in the last couple of months. To date you have not complied with these instructions. You are required to comply with all the Agency policies and to follow instructions to return your old HRSA laptop with immediate effect.

Lastly, as a reminder, the decision letter for DCN# 2184 case was due last month, 9/24 and for DCN# 8659 it is due no later than this Friday, Oct 21, 2022. Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week. As of today per Tracker, you have not submitted any drafts to your peer reviewer nor have I heard from you otherwise. You are expected to complete both cases and submit them to your peer reviewer no later than this Friday, October 21st and submit for my review and finalization shortly thereafter, in order to close these cases as soon as possible.

If there is a change or adjustment in the work environment you believe would enable you to perform the essential functions of your full-time position you may contact the Reasonable Accommodation office for further information on the process for filing a reasonable accommodation request. You may contact Reasonable Accommodation at RA-Request@hrsa.gov. If you do submit a request under Reasonable Accommodation, please keep me as your supervisor updated on the status of such request(s) made. I have included the RA office on this email as appropriate.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Rausch, Claudia \(HRSA\)](#)
To: [Moore, Melissa \(HRSA\)](#)
Cc: [Loewenstein, David \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Grossman, Jordan \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kadingo, Wendy \(HRSA\)](#); [Ali, Shontae \(HRSA\)](#); [Colbert, Dale \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Carolyn Nganga-Good \(HRSA\)](#) (cnganga-good@hrsa.gov); [Dixon, Alexandra \(HHS/OGC\)](#); [Te, Christy \(HHS/OGC\)](#); [Archeval, Anthony \(HRSA\)](#); [Toledo, Oscar \(HRSA\)](#)
Bcc: claudiamarauschi@hotmail.com; [Rausch, Claudia \(HRSA\)](#)
Subject: FW: Follow Up
Date: Thursday, October 20, 2022 5:20:00 AM
Importance: High

Dear Ms. Melissa Moore:

Over the course of the past two years, I have carbon copied you on at least 19 emails between my first-level supervisor, Carolyn Nganga-Good and myself, in which I have alleged that Ms. Nganga-Good has engaged in unlawful discrimination and retaliation against me in response to my protected EEO and whistleblowing activity. Through each of these emailed communications, I have explained that my purpose for carbon copying you was to escalate and report my concerns of unlawful discrimination/retaliation up the chain of command and make use of whatever resources may be available to me by the Agency. Please correct me if I'm wrong, but **it is my understanding that you have a legal responsibility to protect the Agency from liability, by preventing and correcting unlawful harassment** that is within your purview and/or unlawful harassment that you are made aware of. Did any of these aforementioned emails from me fail to clarify this? In the interest of everyone's time, I have carbon copied the Human Resources Office and the Agency's Legal Counsel on this email.

As I understand, you are Carolyn Nganga-Good's first-level supervisor and my second-level supervisor. The current PMAPs for BHW indicate that supervisors are responsible for resolving workplace conflicts at the earliest stage and upholding EEO/diversity and inclusion values amongst employees within their purview. Does this not include an employer's legal responsibility to prevent and correcting unlawful harassment, to include retaliatory harassment? Does the Agency's Zero Tolerance Anti-Harassment policy and NO FEAR ACT not apply to my circumstances? Pursuant to the EEOC's Enforcement Guidance on Vicarious Liability for Unlawful Harassment by Supervisors, (OLC Control Number: EEOC-CVG-1999-2), employers are required to exercise reasonable care to prevent and correct harassment. Please feel free to correct me if you believe I am misinterpreting BHW's PMAP requirements, the Agency's Zero-Tolerance Anti-Harassment policy, or applicable whistleblower laws.

Despite my escalations to you, and the lack of facts and legal authority cited to support Ms. Nganga-Good's actions, her discriminatory and retaliatory actions have continued to progress. Her adverse actions and treatment of me has become sufficiently severe, pervasive, and amounts to a hostile work environment. One of the latest incidents appears in the email trail below. Clearly, no preventative or corrective measures have been taken to protect me from unlawful harassment. Many of Ms. Nganga-Good's actions, have also independently resulted in the imposition of discriminatory terms and conditions on my employment and have had a tangible and adverse impact on me and my employment.

Subsequently, I reasonably believe that you support these discriminatory and retaliatory actions against me by Ms. Nganga-Good. I believe your failure and/or unwillingness to prevent and adequately correct these unlawful employment practices, in and of itself, amounts to unlawful discrimination and unlawful retaliation in response to protected EEO and whistleblowing activity. I also believe that this discrimination against me is occurring because I am a Hispanic, Mexican-American, Female, with a disability (perceived or otherwise).

Since previous attempts to reach resolution and communicate these concerns to you, Human Resources and management officials in my chain of command have been unsuccessful, **please consider this as formal notice that I intend to pursue legal action on this matter** to the fullest extent allowed by law. For our records, please note **that this email from me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614, the NO FEAR ACT, and other applicable laws.** In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, October 17, 2022 4:40 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>
Subject: Follow Up

Hi Claudia,

As notified and instructed on September 21, 2022 via the Leave Restriction Memo and thereafter in multiple communications, you were to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022. To date, you have failed to follow these instructions and you have not confirmed your whereabouts. You are expected to comply with the leave restriction instructions you were provided.

In addition, you have been instructed to return your old HRSA laptop to OIT on multiple occasions in the last couple of months. To date you have not complied with these instructions. You are required to comply with all the Agency policies and to follow instructions to return your old HRSA laptop with immediate effect.

Lastly, as a reminder, the decision letter for DCN# 2184 case was due last month, 9/24 and for DCN# 8659 it is due no later than this Friday, Oct 21, 2022. Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week. As of today per Tracker, you have not submitted any drafts to your peer reviewer nor have I heard from you otherwise. You are expected to complete both cases and submit them to your peer reviewer no later than this Friday, October 21st and submit for my review and finalization shortly thereafter, in order to close these cases as soon as possible.

If there is a change or adjustment in the work environment you believe would enable you to perform the essential functions of your full-time position you may contact the Reasonable Accommodation office for further information on the process for filing a reasonable accommodation request. You may contact Reasonable Accommodation at RA-Request@hrsa.gov. If you do submit a request under Reasonable Accommodation, please keep me as your supervisor updated on the status of such request(s) made. I have included the RA office on this email as appropriate.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Rausch, Claudia \(HRSA\)](#)
To: [Padilla, Luis \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#)
Cc: [Johnson, Carole \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Grossman, Jordan \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kadingo, Wendy \(HRSA\)](#); [Ali, Shontae \(HRSA\)](#); [Colbert, Dale \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Nganga-Good, Carolyn \(HRSA\)](#); [Dixon, Alexandra \(HHS/OGC\)](#); [Te, Christy \(HHS/OGC\)](#); [Archeval, Anthony \(HRSA\)](#); [Toledo, Oscar \(HRSA\)](#); [Loewenstein, David \(HRSA\)](#); [Moore, Melissa \(HRSA\)](#)
Bcc: claudiamaraus@hotmai.com; [Rausch, Claudia \(HRSA\)](#)
Subject: FW: Follow Up
Date: Thursday, October 20, 2022 5:37:00 AM
Importance: High

Dear Dr. Padilla and Ms. Pradia-Williams:

Over the course of the past two years, I have carbon copied at least one or both of you, in over 19 emails between my first-level supervisor, Carolyn Nganga-Good and myself, in which **I have alleged that Ms. Nganga-Good has engaged in unlawful discrimination and retaliation against me in response to my protected EEO and whistleblowing activity.** I have also expressed that Melissa Moore, my second-level supervisor and David Loewenstein, my third level supervisor, have failed to prevent and correct the unlawful retaliation and harassment I have experienced. Through each of these emailed communications, I have explained that my purpose for carbon copying you was to escalate and report my concerns of unlawful discrimination/retaliation up the chain of command and make use of whatever resources may be available to me from the Agency. Did any of these aforementioned emails from me fail to clarify this? Please correct me if I'm wrong, but **it is my understanding that you have a legal responsibility to protect the Agency from liability, by preventing and correcting unlawful harassment that is within your purview and/or unlawful harassment that you are made aware of.** In the interest of everyone's time, I have carbon copied the Human Resources Office, the Agency's Legal Counsel, and relevant parties on this email.

As I understand, you, Dr. Padilla, are David Loewenstein's first-level supervisor and Melissa Moore's second-level supervisor. It is also my understanding that you are Carolyn Nganga-Good's third-level supervisor, and my fourth-level supervisor. The current PMAPs for BHW indicate that supervisors are responsible for resolving workplace conflicts at the earliest stage and upholding EEO/diversity and inclusion values amongst employees within their purview. Does this not include an employer's legal responsibility to prevent and correcting unlawful harassment, to include retaliatory harassment? **Does the Agency's Zero Tolerance Anti-Harassment policy and NO FEAR ACT not apply to my circumstances?** Pursuant to the EEOC's Enforcement Guidance on Vicarious Liability for Unlawful Harassment by Supervisors, (OLC Control Number: EEOC-CVG-1999-2), employers are required to exercise reasonable care to prevent and correct harassment. Please feel free to correct me if you believe I am misinterpreting the Agency or BHW's PMAP requirements, Zero-Tolerance Anti-Harassment policy, or applicable whistleblower laws.

Despite my escalations to you, and the lack of facts and legal authority cited to support of Ms. Nganga-Good's actions, her discriminatory and retaliatory actions have continued to progress.

Her adverse actions and treatment of me has become sufficiently severe, pervasive, and amounts to a hostile work environment. One of the latest incidents appears in the email trail below. Ms. Moore and Mr. Loewenstein **have clearly failed to and/or has been unwilling to prevent and correct unlawful harassment and discrimination.** Many of Ms. Nganga-Good's actions, have also independently resulted in the imposition of discriminatory terms and conditions on my employment

and have had a tangible and adverse impact on me.

Subsequently, I reasonably believe that you support these discriminatory and retaliatory actions against me by Ms. Nganga-Good, and Ms. Moore and Mr. Loewenstein's deliberate failure to adequately prevent and correct unlawful harassment. I believe your failure and/or unwillingness to prevent and adequately correct these unlawful employment practices, in and of itself, amounts to unlawful discrimination and unlawful retaliation in response to protected EEO and whistleblowing activity. I also believe that this discrimination against me is occurring because I am a Hispanic, Mexican-American, Female, with a disability (perceived or otherwise).

Since previous attempts to reach resolution and communicate these concerns to you, Human Resources and management officials in my chain of command have been unsuccessful, **please consider this email as formal notice that I intend to pursue legal action on this matter to the fullest extent allowed by law. For our records, please note that this email from me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614, the NO FEAR ACT, and other applicable laws.** In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, October 17, 2022 4:40 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>
Subject: Follow Up

Hi Claudia,

As notified and instructed on September 21, 2022 via the Leave Restriction Memo and thereafter in multiple communications, you were to report for duty at 5600 Fishers lane to

your official work station starting September 28, 2022. To date, you have failed to follow these instructions and you have not confirmed your whereabouts. You are expected to comply with the leave restriction instructions you were provided.

In addition, you have been instructed to return your old HRSA laptop to OIT on multiple occasions in the last couple of months. To date you have not complied with these instructions. You are required to comply with all the Agency policies and to follow instructions to return your old HRSA laptop with immediate effect.

Lastly, as a reminder, the decision letter for DCN# 2184 case was due last month, 9/24 and for DCN# 8659 it is due no later than this Friday, Oct 21, 2022. Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week. As of today per Tracker, you have not submitted any drafts to your peer reviewer nor have I heard from you otherwise. You are expected to complete both cases and submit them to your peer reviewer no later than this Friday, October 21st and submit for my review and finalization shortly thereafter, in order to close these cases as soon as possible.

If there is a change or adjustment in the work environment you believe would enable you to perform the essential functions of your full-time position you may contact the Reasonable Accommodation office for further information on the process for filing a reasonable accommodation request. You may contact Reasonable Accommodation at RA-Request@hrsa.gov. If you do submit a request under Reasonable Accommodation, please keep me as your supervisor updated on the status of such request(s) made. I have included the RA office on this email as appropriate.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Rausch, Claudia \(HRSA\)](#)
To: [Nganga-Good, Carolyn \(HRSA\)](#)
Cc: [Moore, Melissa \(HRSA\)](#); [Gaskill, Sheena \(HRSA\)](#); [Loewenstein, David \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Grossman, Jordan \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kadingo, Wendy \(HRSA\)](#); [Ali, Shontae \(HRSA\)](#); [Colbert, Dale \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Archeval, Anthony \(HRSA\)](#); [Toledo, Oscar \(HRSA\)](#)
Bcc: claudiamaraus@hotmai.com; [Rausch, Claudia \(HRSA\)](#)
Subject: RE: Work Status
Date: Thursday, October 20, 2022 6:46:00 AM
Importance: High

Hi Carolyn,

My apologies for the delay in my reply. I never received a response from you in regards to my October 4, 2022 questions and request for clarification. Specifically, the request for clarification detailed in three separate emails I sent to you on October 4, 2022, with regards to my work status, the leave restriction and telework suspension. ***Viewable in the email trail below for reference.***

As I understand it, **you do not dispute nor challenge any of the facts I cited in support of my position, correct?**

You also do not dispute the fact that federal laws, to include but not limited to, ***5 U.S.C. §6130(a)(1) and The Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625 on “Enhancing Workplace Flexibilities and Work-Life Programs”*** apply to these circumstances in addition to the NTEU Collective Bargaining Agreement you referenced. Is that correct?

Nor do you dispute the fact that the Agency, you, and these circumstances, are subject to the **EEOC Enforcement Guidance on Employer-Provided Leave and the Americans with Disabilities Act, OLC Control No. EEOC-NVTA-2016-1 and EEOC Guidance on Work at Home/Telework as a Reasonable Accommodation, OLC Control No: EEOC-NVTA-2003-1**, correct?

Accordingly, and as described in my October 4th and 5th Notices to you, I consider your Leave Restriction and Telework Suspension to be unlawful, not legally enforceable, thus null and void.

Consequently, I have continued to honor the telework agreement you signed and approved on May 19, 2022. To answer your question your inquiry of my whereabouts and my report for duty, I have reported for duty per the terms described in our original telework agreement that you approved on May 19, 2022. I thought my October 4, 2022 email to you clarified this.

Please consider this communication from me, applicable to any relatable inquiries from you, now or in the future.

Your time and attention to this matter is greatly appreciated.

Best,

Claudia Rausch
Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (BHW)

☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Wednesday, October 5, 2022 11:38 AM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>

Subject: RE: Work Status

Importance: High

Claudia,

The leave restriction was issued properly and you are expected to comply with the requirement to report to your workstation at 5600 Fishers Lane unless you are on approved leave.

In regards to your statement, *"I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th."*

I understand that you are stating that you reported to your approved official worksite at 5600 Fishers Lane on the dates noted. If that was not what you meant, you must let me know by 5pm today as I need to be clear on your whereabouts/work status.

Regarding your inquiries about laws, rules, regulations, and/or Agency policies governing the Leave Restriction Notice - your TW agreement details the eligibility and terms (see attached) and more information can be found on the [NTEU Collective Bargaining Agreement](#).

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)





From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Sent: Wednesday, October 5, 2022 9:03 AM

To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Gaskill, Sheena (HRSA) <SGaskill@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>

Subject: RE: Work Status

Importance: High

Hi Carolyn,

My reply to you is attached. For your convenience, it's also copied into the body of this email:

Hi Carolyn,

In reply to your October 4, 2022 email, I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th.

As explained in my October 4, 2022 emailed reply to the instructions from your September 21, 2022 Notice, I do not understand your instructions and requested clarification. Can you please answer my October 4, 2022 questions and provide me with the clarification I am seeking?

To recap, my approved leave usage from this year, is the basis for your September 21, 2022 decision to restrict my leave usage and suspend me from participating in the Agency-wide Alternative Work Schedule and Telework programs. As you are aware through our prior communications, a lot of the leave I've used has been to accommodate my reasonable accommodation ("RA") needs; and/or avoid a hostile work environment and retaliatory harassment. If the Agency would've approved my prior RA request of episodic telework and/or 100% telework which proved to be an effective accommodation, I wouldn't have needed to use leave on days I'm scheduled to go to the Agency building.

You were willing to accommodate my reasonable accommodation needs before. I don't understand why that has changed suddenly and why you have decided to eliminate all the aforementioned work schedule flexibilities that I have used as reasonable accommodations. Nor have you been willing to engage in the interactive process required under the Rehabilitation Act. Accordingly, please advise what I need to do to obtain a reasonable accommodation of 100% telework from the Agency, and/or RA based leave. Please also advise what resolution, assistance or remediation is available to me from the Agency. Also, please advise if the Agency is able to provide

any support for my reasonable accommodation needs and the retaliatory harassment I continue to experience.

Notably, your September 22, 2022 restrictions and suspension of leave use, AWS, and telework comes after I made you aware that I feared being near the Agency building due to retaliatory harassment to include, but not limited to, radiation attacks. At the minimum, it is clear that this management decision is intended to further create even more intolerable working conditions for me; forcing me to exhaust my leave.

Your September 22, 2022 notice and related decisions are clearly based on leave usage that has resulted from the Agency's wrongful actions, and thus, give me no meaningful choice in the matter. This more than suggests that your September 22, 2022 threat of disciplinary action and/or removal from the federal service for failure to comply with the unfair and unlawful restrictions and suspension of leave use, AWS, and telework; is intended to support a constructive removal and/or constructive disciplinary action against me. Based on the facts and evidence I have reviewed, it is clear that my protected activity, to include but not limited to, my EEO-activity and whistleblowing activity, are at the minimum – motivating factors in these personnel actions. Subsequently, amounting to Prohibited Personnel Practices in violation of the Merits Systems Principles pursuant to Title Five of the United States Code.

Considering this alongside other factors, to include the fact that you seem unwilling or unable to respond to my October 4, 2022 questions and request for clarification, **please take notice** of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, **please take notice that I will pursue legal action against you and all accountable parties to the fullest extent allowed by law.**

This is based on facts and evidence I have reviewed, which lead me to reasonably believe that **your instructions and September 22, 2022 restrictions and suspension of leave use, AWS, and telework are unlawful. I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws.** Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination me. I believe I'm being treated differently by you and the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

Any perceived resistance from me in response to the unlawful instructions referenced in above, is at most, an attempt by me to oppose unlawful retaliatory actions by you and the Agency or protect myself from danger and irreparable harm; and not an attempt of misconduct.

-

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant

to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available by the Agency, **I have carbon copied additional Agency management officials in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch

Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (BHW)

📞: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Tuesday, October 4, 2022 2:11 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>

Subject: RE: Work Status

Importance: High

Hi Claudia,

I received the attached emails from you in response to my message regarding your work status.

I instructed you to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022 via the September 21, 2022 Leave Restriction Memo.

As I understand from your last emails, you did not report for duty as instructed Wednesday Sept 28th and Friday Sept 30th, nor did you report for duty as instructed Monday Oct 3rd and Tues Oct 4th. Your behavior is considered misconduct and will not be tolerated.

You must:

- Confirm whether or not you reported to duty as instructed on 9/28, 9/30, 10/3 and 10/4

by 5pm today.

- Immediately comply with the Leave Restriction instructions I issued you on September 21, 2022 – (attached for your review) and report to the office as instructed. You are not approved to telework.

I will address any other necessary questions/matters from your attached email as soon as I am able to.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Tuesday, October 4, 2022 11:43 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>
Subject: RE: Work Status
Importance: High

Hi Carolyn,

I apologize for the delay, I'm just now seeing this email.

I have a few questions regarding your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternative Work Schedule Suspension; and would like some clarification. My questions and concerns are attached.

For your convenience, I have also copied my reply into the body of this email:

I am seeking clarification and have a few questions about your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternate Work Schedule Suspension ("September 21, 2022 Notice" or "Notice"), now that I have had time to read it. Can you please provide clarification? Or can you point me to the appropriate person within The Health Resources and Services Administration ("HRSA" or "Agency") that can? I would greatly appreciate it. For convenience, my questions appear in **bold underline** print throughout this document.

My first questions are:

What laws, rules and regulations support the decision to suspend me from the telework agreement and Alternative Work Schedule ("AWS")? Can you please tell me? Your Notice did not cite any. Equally, **what laws, rules, regulations or Agency policies authorize or allow a federal supervisor to suspend an employee's telework agreement and alternative work schedule?**

- **More so, considering the surrounding circumstances in my particular situation, such as my previous and current protected activity?** Specifically, my protected-EEO activity, whistleblowing activity, reasonable accommodation ("RA") needs and prior RA requests, and the harassment I've experienced near the Agency building, such as radiation attacks, that caused me to fear for my life – all which you're aware of. **Or have I mistakenly failed to inform you of any of these surrounding circumstances?** Because the numerous emails between us, in addition to your August 27, 2021 testimony from my EEOC Hearing very clearly evidence that you and the Agency are aware of all of these surrounding circumstances. **Am I mistaken?**

I am not aware of any laws, regulations or polices that support or authorize the decisions in your September 21, 2022 Notice, nor its threats of recording absences as "AWOL" and "disciplinary/adverse action, up to and including removal from [my] position and from the Federal service" for failure to comply. **Or is your September 21, 2022 Notice exempt from the requirement of adhering to federal laws and regulations that govern the supervision and management of Federal Service under Title Five of the United States Code?**

- As I understand applicable law, pursuant to [5 USC §2302\(a\)\(2\)\(A\)](#) and applicable case law, your September 21, 2022 Notice and "leave and AWS restrictions", as well as the recent decision to suspend me, meet the legal definition of personnel action(s). Subsequently, these actions amount to several prohibited personnel practices ("PPP") in violation of [5 USC §2302\(b\)\(8\)](#) and [5 USC §2302\(b\)\(9\)\(A\)\(i\), \(b\)\(9\)\(B\), \(B\)\(9\)\(C\), and \(B\)\(9\)\(D\)](#); which forbid reprisal in the form of personnel actions in response to the surrounding circumstances I've referenced above, further evidenced by our prior emails and your August 27, 2021 EEOC Hearing testimony. See *Arauz v. DOJ*, 89 MSPR 529 (2001). This includes the September 21, 2022 Notice threats of AWOL and disciplinary/adverse actions. See *Gergick v. GSA*, 43 MSPR 651, 656-57 (1990) and *Schnell v. Dept. of Army*, 114 MSPR 83, 2010 MSPB 67 (2010). Your September 21, 2022 Notice also appears to be strategically provided to me alongside your increased scrutiny of my deadlines, and during the Agency's EEO investigation into my current EEO complaint, in which you are one of the primary "responsible management officials". This

further leads me to believe your September 21, 2022 Notice is intended to interfere with my ability to adequately respond to the EEO investigation; thus amounting to actionable retaliation.

-

Or are you and the Agency exempt from the Merits Systems Principles that routinely govern the Federal Service? Are you and HRSA exempt from the authority of the Office of Special Counsel (“OSC”) and the Merits Systems Protection Board (“MSPB”)? Please let me know if you believe I am misinterpreting these laws and they are not applicable to you and HRSA.

-

Even absent the Merits System Principles, many other federal laws, regulations, and policies contradict your September 21, 2022 Notice and Leave/AWS restriction; indicating it is unlawful, not legally binding and unenforceable. However, **please let me know if you believe I am misinterpreting any of the following laws and regulations further explained below.** As of now, I understand your September 21, 2022 Notice to be at the minimum - unlawful, done in retaliation and in violation of whistleblower protection laws, EEOC laws and the Rehabilitation Act. Your September 21, 2022 Notice also appears intended to expose me to irreparable harm, which I understand to not be legally enforceable. I will not risk exposing myself to potential danger or irreparable harm. I don't believe federal law requires federal employees to follow orders that will result in potential danger or irreparable harm to themselves. However, please feel free to educate me. Because your September 21, 2022 Notice did not cite any laws, regulations or specify supportive facts.

Absent clarification from you, I understand the September 21, 2022 Notice and Leave/AWS/Telework restrictions to be unlawful, not legally enforceable, contradicted by applicable federal law, thus, null and void. However, I look forward to any clarification you can provide and any answers you are able to provide to my questions above and below.

As a matter of course, please note that in effort to meet my responsibility to escalate concerns of unlawful retaliation to supervisors in my chain of command and exhaust any remedies provided by the Agency - I have carbon copied additional Agency personnel to include my 2nd, 3rd, 4th, and 5th level supervisors. This email by me, should be considered by all, a report of retaliation and violation of EEO Laws and the NO FEAR ACT.

For our records, my questions, concerns, and request for clarification is further explained and addressed below:

I. RESTRICTION OF LEAVE, AWS AND TELEWORK IS CONTRADICTED BY APPLICABLE FEDERAL LAW AND REGULATIONS

a. Title Five of the United States Code

Your September 21, 2022 Notice makes brief reference to the Collective Bargaining Agreement (“CBA”), Article 26, Section 4.D.2. However, federal law requires that the management of the attendance and leave of the federal service, to include work schedule flexibilities such as “telework” and “alternative work schedule [“AWS”]”, ***adhere to federal law in addition to*** the terms of a collective bargaining agreement. See [Title 5 of the United States Code \(U.S.C.\), PART III, Subpart E on Attendance and Leave, CHAPTER 61, SUBCHAPTER II Regarding Flexible and Compressed Work Schedules](#), “*...any flexible or compressed work schedule, and the establishment and termination of*

any such schedule, shall be subject to the provisions of this subchapter **and** the terms of a collective bargaining agreement....". See [5 U.S.C. §6130\(a\)\(1\)](#). The subchapter references several Executive Directives, Orders and rules that clarify such "schedule flexibilities" include both "alternative work schedules" and "telework". See *Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625 on "Enhancing Workplace Flexibilities and Work-Life Programs"*.

Am I misinterpreting this law? Does this federal law and Presidential Directive not apply to HRSA?

-

b. OPM, EEOC, and MSPB Regulations and Directives

Pursuant to [5 U.S.C. §1101\(a\)](#), Federal Agencies must adhere to "all executive orders, rules, and regulations affecting the Federal service" unless "modified, terminated, superseded, or repealed by the President, the Office of Personnel Management ["OPM"], the Merit Systems Protection Board ["MSPB"], the Equal Employment Opportunity Commission ["EEOC"], or the Federal Labor Relations Authority ["FLRA"]...".

Is HRSA exempt from following rules and regulations established by OPM, the MSPB and the EEOC? Please let me know.

-

II. AGENCY IS AWARE THAT LEAVE, TELEWORK AND AWS RESTRICTION(S) WOULD EXPOSE ME TO POTENTIAL DANGER AND IRREPARABLE HARM

a. Factual Background

You and the Agency, became acutely aware that I have felt a need to avoid being near the Agency building in effort to ensure my safety and potential harm to my life. This is evidenced through my April 25, 2022 emailed reply to your April 19, 2022 Memorandum and my June 1, 2022 emailed reply to your May 23, 2022 attempt to remove evidence on my laptop from my possession. I further explained these matters in my August 22-24, 2022 reply (***Also labeled August 22, 2022 Reply and attachments...***) to your July 20, 2022 proposal to suspend me. ***Attached***. My explanation included photos that evidenced I was being attacked by toxic radiation levels in a location that is only 6 minutes away from the Agency building. You even included the photos in your July 20, 2022 proposal to suspend me and responded to my August 22-24, 2022 reply by suggesting I update my AWS location on my telework agreement.

Am I mistaken? Did you believe that my June 1, 2022 emailed statement of "I do not currently have the luxury of dropping into the HRSA building at a moment's notice without extensive planning and foresight, and without risk to my life" failed to clarify that I feel a need to avoid being near the Agency building to ensure my safety?

-

Whether or not my beliefs of risk to my safety near the Agency building are credible or provable, your September 21, 2022 Leave and AWS restrictions came only three and a half months afterwards, thus strongly evidence retaliatory intent. At least, as I currently understand applicable MSPB and EEOC guidance and case law.

-

Or do MSPB and EEOC decisions and directives governing reprisal not apply to you and HRSA? See my April 25, 2022 reply to your April 19, 2022 Notice and June 1, 2022 reply to May 23, 2022

email attached.

As I understand [Presidential Directive under the Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625](#) on “Enhancing Workplace Flexibilities and Work-Life Programs”, “leave policies... related to stalking situations” is one of the “workplace flexibilities” that federal agencies must “ensure... are available to the maximum extent practicable, in accordance with the laws and regulations...”. See [Section 2 \(l\) of June 23, 2014, 79 F.R. 36625 in 5 U.S.C., Part III](#). **Does this Presidential Directive not apply to me, HRSA and HHS?** Because your September 21, 2022 restriction of leave, AWS and telework not only appears to be retaliatory, but also appears intended to place me in danger and in a frightful situation.

III. LEAVE AND AWS RESTRICTION VIOLATES THE REHABILITATION ACT AND EEOC DIRECTIVES

a. Factual Background

The Agency and you are aware that I have had reasonable accommodation needs beginning late 2019, and/or early to midyear 2020, and that my requests for a reasonable accommodation included, but are not limited to: episodic telework, flexible work schedule and leave. The Agency and you also have record that ‘telework’ was an effective accommodation for me. Historical evidence in the matter which is further described below, establishes that my panic attack symptoms took place primarily at the Agency building and I experienced a remission of these symptoms upon being on 100% telework during the pandemic.

The Agency and you are aware that I experienced a remission of panic attack symptoms during the Agency’s 100% telework policy during the pandemic, and that I surpassed performance expectations while being on 100% telework and using 213 to 259 hours of leave a year from 2020 to 2021. The Agency’s prior attempt to discredit my qualifications for a reasonable accommodation, for the likely purpose of avoiding liability in my harassment case, by utilizing a misrepresented FOH “medical review” were unsuccessful. To date, the Agency and its legal counsel have been unable to provide a legal or factual evidence-based argument to counteract my allegations that the “medical review” was and is misrepresented, not in adherence with applicable law, regulation and industry standards.

To recap the factual events:

1. On or around December 2019, I began experiencing panic attacks. They occurred at the Agency building and on a plane. **See pages 197-198 of August 22-24, 2022 Reply to proposed suspension PDF and ROI for my last EEO complaint.**
2. On or around February 2020, I sent a reasonable accommodation (“RA”) request to the Agency’s RA accommodations office. **See attached August 22-24, 2022 Reply to proposed suspension.**
3. I began experiencing a remission in panic attack symptoms after being on 100% telework due to the pandemic, beginning on or around March 10, 2020. **See doctor’s progress note at page 208 of August 22-24, 2022 Reply to proposed suspension PDF.**
4. On April 24, 2020, the Agency denied my RA request, arguing an unnamed FOH physician’s medical review determined I didn’t qualify. The “medical review” contradicted the progress notes of my psychiatrist and blamed my personality and perceptions. Its conclusions did not consider any medical evidence. It characterized my RA request as “perceived harassment”. **See pages 207-209 and 172-179 of August 22-**

24, 2022 Reply to proposed suspension PDF.

5. The Agency's denial of the RA did not consider evidence of my performance abilities nor the fact that telework had proven to be an effective accommodation. **See 2019 and 2020 PMAP ratings at pages 19-62 of August 22-24, 2022 Reply to proposal suspension PDF and number 4 above.**
6. An expanded misrepresented "medical review" was introduced during the administrative discovery process. **See pages 204-206 and 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
7. The responsible physician, FOH, and Agency FOIA office were unable to furnish any medical records upon request. **See attachment titles "2-24-2021 email..." hyperlinked on page 181 of August 22-24, 2022 Reply to proposed suspension PDF.**
8. Upon challenging its legitimacy, the Agency withdrew the physician as a witness for the August 2021 EEOC Hearing. **See attached July 14, 2021 AJ's Memorandum and pages 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
9. The Agency's RA Accessibility Specialist later testified that panic attacks are a medical condition that the Agency is required to accommodate, regardless of how they were caused. **See attached August 27, 2021 EEOC Hearing testimony of Elizabeth Pinkard-Adams.**
10. On July 20, 2020, my first-level supervisor, Carolyn Nganga-Good, learned I had reasonable accommodation needs that had previously been wrongly denied. **See attached July 20, 2020 email titled "7-20-2020 Midyear PMAP Discussion..." between Claudia Rausch and Carolyn Nganga-Good.**
11. The same day, Ms. Nganga-Good agreed in writing to *"accommodate and be flexible with any accommodation requests that are within reason as long as work deliverables are not negatively impacted"*. **See attached July 20, 2020 email titled "7-20-2020 Midyear PMAP Discussion..." between Claudia Rausch and Carolyn Nganga-Good.**
12. Ms. Nganga-Good later became aware the reasonable accommodation needs were partially due to panic attacks, PTSD symptoms and medication side effects on October 28, 2020 and December 26, 2020. **See highlights on attached December 26, 2020 email titled "12-26-2020 email to CNG re: dispute cases" between Claudia Rausch and Carolyn Nganga-Good.**
13. On April 27, 2021 and August 24, 2022, Ms. Nganga-Good became aware that the reasonable accommodations I was in need of, and had previously requested included RA based leave, telework, and schedule flexibilities such as late arrivals. **See April 27, 2021 email on pages 180-195 of August 22-24, 2022 reply to proposed suspension, and hyperlinked attachments on page 181 of August 22-24, 2022 reply to proposed suspension.**
14. During most of 2020 and all of 2021, the Agency was on 100% telework due to the pandemic. As my PMAP rating official, Ms. Nganga-Good rated my performance as "Achieved More Than Expected Results". **See attached 2021 PMAP rating and 2020 PMAP on pages 19-44 of August 22-24, 2022 reply to proposed suspension.**
15. On August 27, 2021, Ms. Nganga-Good testified during the EEOC Hearing:
 - a. *"There's usually flexibility" in managing deadlines for disputes resolution cases and described the goal deadlines as "general metrics" that "sometimes --- goes beyond, you know, six months"*. **See attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
 - b. She was aware of and recalls that I brought up a *"medical condition"* and a *"reasonable accommodation request"*. **See attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
16. On August 24, 2022, Ms. Nganga-Good became aware that telework was an effective accommodation for my panic attack symptoms, through the reply I provided to the July

20, 2022 proposed suspension memorandum. ***See doctor's March 20, 2020 note of "remission in symptoms of panic attacks ever since she has been working from home after the coronavirus outbreak" on page 202 of PDF attached to August 24, 2022 email "8-22-2022 Reply and attachments SIGNED".***

b. Rehabilitation Act and Applicable EEOC Law and Regulations

As I understand the Equal Employment Opportunity Commission ("EEOC")'s Directives, subjecting an employee with RA needs to different leave procedures, violates the ADA and Rehabilitation Act. See EEOC Enforcement Guidance on Employer-Provided Leave and the Americans with Disabilities Act, OLC Control No. EEOC-NVTA-2016-1. Additionally, the EEOC requires an employer to consider providing unpaid leave so long as it does not create undue hardship for the employer. This applies even when an employee is not "eligible for leave" under employer leave policies or when an employee has exhausted leave benefits. According to the EEOC, an employer cannot legally enforce maximum leave policies or limitations on unplanned absences, on an employee who needs to use RA based leave - unless the employer can prove it would result in undue hardship.

-

Or does the referenced EEOC Guidance above, on Employer-Provided Leave and the Americans with Disabilities Act not apply to HRSA and your September 21, 2022 Notice?

-

The EEOC also requires employers who offer telework to allow employees with a disability an equal opportunity to use telework as well as waive eligibility requirements for telework to accommodate disabilities. See EEOC Guidance on Work at Home/Telework as a Reasonable Accommodation, OLC Control No: EEOC-NVTA-2003-1. According to the EEOC, "An employer may not withdraw a telework agreement or modified schedule" that is used as a reasonable accommodation because of unsatisfactory performance. I have in fact been using telework and my AWS as a reasonable accommodation. As I understand EEOC Enforcement Guidance, the Agency's prior decisions on my RA requests have no bearing on the fact that I have used these workplace flexibilities as a reasonable accommodation and that I am entitled to use reasonable accommodations under the Rehabilitation Act. Per the EEOC, an employer who failed to grant a reasonable accommodation that did not constitute undue hardship, may not discipline an employee who has performance issues that resulted from the lack of an accommodation. See the EEOC's September 3, 2008 Guidance on Applying Performance and Conduct Standards to Employees with Disabilities. This year, you have attempted to reduce all workplace flexibilities that I've used as reasonable accommodations. Accordingly, I don't see how any alleged performance issues this year, if any, are not related to either reprisal or an unlawful removal of a reasonable accommodation I'm entitled to use under federal law.

Or does the EEOC's position referenced above on applying performance and conduct standards to employees with disabilities, not apply to HRSA?

-

In your September 21, 2022 Notice, you make reference to previously issued memorandums by you dated April 19, 2022 and May 23, 2022, where you assert that "In the event [you] believe [I] may be requesting leave inappropriately, [you] may request acceptable documentation before [you] approve leave". However, you have not once insisted on receiving additional documentation before

approving leave after your April 19, 2022 and May 23, 2022 notices. This indicated to me that the documentation you have which is summarized in the factual background above, concerning my reasonable accommodation needs is sufficient. Furthermore, I don't believe EEOC's Enforcement Guidance even allows an employer to request additional medical documentation, after they have already been provided with initial documentation in support of a reasonable accommodation. But please, feel free to correct me if I'm wrong.

In conclusion, I'm inclined to believe that your September 21, 2022 Notice is a deliberate attempt to retaliate by interfering with my rights to a reasonable accommodation under the Rehabilitation Act. Your September 21, 2022 Notice also asserts that you do not plan to approve Leave Without Pay ("LWOP") except as necessary by rule of law. However, the Agency's reasonable accommodation accessibility specialist testified during the August 27, 2021 EEOC Hearing that the Agency approves LWOP all the time for employees who have little to no leave and need reasonable accommodations. ***See Ms. Pinkard-Adams' testimony attached.*** Subsequently, I believe this further evidences the retaliatory intent of your September 21, 2022 Notice.

**IV. ABSENT RETALIATION, LEAVE RESTRICTIONS AND SUSPENSIONS OF AWS/TELEWORK STILL LACKS LEGAL AUTHORITY.
PER FEDERAL LAW, EXCLUSION OF SCHEDULE FLEXIBILITIES MUST BE DUE TO DISRUPTION OF AGENCY FUNCTIONS OR ADVERSE AGENCY IMPACT**

As I understand applicable law, even if the above facts and laws do not deem the September 21, 2022 Notice to constitute unlawful retaliation, the Notice's restrictions still remain unsupported by laws governing the federal service.

According to federal law pursuant to Title Five of the United States Code, an Agency may only (1) *"restrict the employees' choice of arrival and departure time"* and/or (3) *"exclude from such program any employee or group of employees"* if the agency is *"is being substantially disrupted in carrying out its functions or is incurring additional costs because of such participation."* See [5 U.S.C. §6122 \(b\)](#). This is also emphasized under [5 U.S.C. §6131 \(a\)\(2\)](#), which provides that the only time an Agency may determine not to continue a *"particular flexible or compressed schedule"* is if and when the *"head of the agency"* finds that such a schedule would have *"adverse agency impact"* such as (b) (1) *"a reduction of the productivity of the agency; (2) a diminished level of services furnished to the public by the agency; or (3) an increase in the cost of agency operations."* See [5 U.S.C. §6131 a –b](#).

Do these federal laws not apply to HRSA and your September 21, 2022 Notice? Because nowhere in your notice, did you reference or specify ways that my leave usage has disrupted the Agency's functions, resulted in increased costs or an adverse agency impact. The Notice briefly asserted that my *"frequent pattern of unscheduled absences have resulted in a negative impact for the team"* but did not specify any incidents in which the team was affected or how the team was negatively affected. **Can you please clarify and specify when and how the team has been negatively impacted by my absences? And how it amounted to substantial disruption on Agency functions and an adverse agency impact? What factual evidence supports these allegations? Does HRSA not have to support its personnel actions with factual evidence?**

V. PER FEDERAL REGULATIONS, LIMITATIONS ON SICK LEAVE USAGE ONLY APPLY TO

FAMILY CARE AND BEREAVEMENT

Your September 21, 2022 Notice attempts to use “low leave balances” to justify a leave restriction. However, these are no applicable laws, regulation, or policies that require federal employees to maintain a minimum leave balance. **Are there?** OPM federal regulations under [5 C.F.R. § 630.401 b-d](#) only place limitations on the maximum amount of hours of sick leave that can be used annually, on matters related to providing care for a family member or planning funeral arrangements. _

Do OPM regulation not apply to HRSA?

VI. JUSTIFICATION OF EXCESSIVE LEAVE USAGE AND POTENTIAL IMPACT TO AGENCY IS UNSUPPORTED BY FACTS AND HISTORICAL DATA

Your September 21, 2022 notice attempts to support nonfactual allegations and assert that “...in 2022, [I] have used unanticipated leave with little to no notice in almost every pay period”. However, my leave usage pattern is no different or poorer than prior years, all which resulted in “Achieved More Than Expected Results”. ITAS records evidence that I have only used unanticipated leave in 10 out of 20 pay periods in year 2022. ***See attached ITAS Administrative Leave records for Years 2015-2022.*** In fact, I used more unanticipated leave during the first 8 months of last year (98.25 sick leave hours by August 28, 2021), than I have this year (87.25 SL hours by Sept. 10, 2022), and I still surpassed performance expectations in the year 2021. ***See attached ITAS Administrative Leave Record for Year 2021 and 2021 PMAP End of Year Appraisal Score of 3.80, Level 4 of “Achieved More Than Expected Results”.*** As my 2021 supervisor and rating official, you even rated me at a Level 4 for Critical Element II, BHW Collaboration which pertains to “teamwork”. You gave me this rating in 2021 all while I was on 100% telework and used more unanticipated leave in 2021 than this year in 2022.

In fact, ITAS and PMAP records for all prior years, 2015 to 2021, evidence that I’ve routinely used an equal amount of unanticipated leave each year at HRSA, sometimes more, while still surpassing performance expectations each year. See ***attached 2021 PMAP rating and PMAP ratings for years 2016-2020 at pages 19-107 of August 22-24, 2022 Reply to proposed suspension.*** Accordingly, I don’t understand how one could reasonably conclude that my unanticipated absences this year would negatively impact the team, disrupt Agency functions, or have an adverse impact on the Agency. **Can you please tell me? Can you please tell me what has changed from last year to this year?** Because the only thing I’m aware of, that has changed in our employee-supervisor relationship from last year to this year is that I now have a new EEO complaint pending against you and the Agency, with 35 plus claims on it, nine which identify you as the responsible management official. That and my whistleblowing activity of fraud, electronic surveillance and interference with my previous EEO activity; all which you’ve been made aware of through previous emails as cited above.

Or am I mistaken? Has something else changed in our employee-supervisor relationship from last year to this year? That has enticed you to take so many personnel actions against me?

VII. THERE ARE NO LAWS, REGULATION, OR POLICIES THAT FORBID THE USE OF LEAVE ON SCHEDULED IN-OFFICE DAYS. NOR WERE ANY SUCH REQUIREMENTS COMMUNICATED

Your September 21, 2022 Notice goes on to assert that you are concerned with the timing of my leave requests as they often coincide with days I'm required to report into the office. As explained above, I have used leave as a reasonable accommodation and to avoid potential danger and irreparable harm. There are no laws, regulations, rules, Agency policies, Division policies, or requirements that say we cannot request leave on a scheduled in-office day. **Are there? And if so, why was this not communicated at the start of establishing our telework agreements?** In fact, you approved my in-office days of the first Monday of the pay period and the last Friday of the pay period – days in which hardly anyone is in the office. These are also days that Federal Holidays routinely land on. **If this was an issue, why weren't employees kept from requesting Monday as an in-office day, when federal holidays routinely land on Mondays?** Accordingly, I don't understand how absences on these days negatively impacts any Agency operations or "team" activity, since hardly anyone is in on these days.

I look forward to any clarification you can provide.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, October 3, 2022 3:20 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Work Status
Importance: High

Hi Claudia,

I am following up on your work status and whereabouts as you have not been seen on site at the Parklawn Building on 9/28, 9/30, and today, 10/3 and I have not received any leave requests from you. You were instructed that you have to be onsite starting Wednesday 9/28/2022 per the Leave Restriction Notice that you were issued on 9/21/2022 and the subsequent follow-up emails. Please advise no later than **COB today** about your work status for today and your whereabouts.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Rausch, Claudia \(HRSA\)](#)
To: [Nganga-Good, Carolyn \(HRSA\)](#)
Cc: [Rausch, Claudia \(HRSA\)](#)
Subject: RE: Paper Dispute Records Verification and Scanning Project - Due Sept 30
Date: Friday, October 21, 2022 3:48:00 PM
Attachments: [image007.png](#)

This task has been completed, thank you.

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Tuesday, October 18, 2022 5:51 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: RE: Paper Dispute Records Verification and Scanning Project - Due Sept 30
Importance: High

Claudia,

I just completed going through the dispute paper files in the cabinets in preparation for disposal. I noted that your assigned files have not been verified. Please verify them and update the inventory log on SharePoint no later than this Friday, 10/21/2022 as the file disposal is scheduled for Monday, 10/24/2022.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Friday, September 9, 2022 10:46 AM
To: Bennett, Jovonnie (HRSA) <JBennett1@hrsa.gov>; Golden, Alan (HRSA) <AGolden@hrsa.gov>; Gregory, Marcella (HRSA) [C] <MGregory@hrsa.gov>; Horowitz, David (HRSA) <DHorowitz@hrsa.gov>; Illich, Donald (HRSA) <Dillich@hrsa.gov>; Lotterer, Paul (HRSA) <PLotterer@hrsa.gov>; Puntambekar, Neha (HRSA) [C] <NPuntambekar@hrsa.gov>; Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; Stanzione, Adam (HRSA) <ASTanzione@hrsa.gov>; Timothy, Anastasia (HRSA) <ATimothy@hrsa.gov>; Brodsky, Jason (HRSA) <JBrodsky2@hrsa.gov>; Kirby, David (HRSA) <DKirby@hrsa.gov>
Cc: Jordan, Andy (HRSA) <AJordan@hrsa.gov>; Moran, Michael (HRSA) <MMoran@hrsa.gov>
Subject: Paper Dispute Records Verification and Scanning Project - Due Sept 30

Happy Friday Team,

As informed in the last couple of Branch Meetings, we are embarking on what is hopefully our last scanning project for the existing paper dispute records. **Thanks to Mike and Jovonnie who assisted with inventorying the paper files and finalizing the inventory log, we are ready for the assigned DRMs to verify what already exists on Tracker and what needs to be scanned.** The [Inventory Log](#) is housed in a restricted file on SharePoint. See instructions below (and attached) for the verification process. Scanning instructions will be determined after we know how much needs to be scanned. Adam and Don are simultaneously working on a Disputes Records Management SOP. Thank you all for your assistance and diligence with this project.

1. Each case file is assigned to a DRM who worked on the case (Column F). For those who are not expected to be in the office during the verification period and cannot access the paper files, their case files have been distributed to other Team members to assist (Column L).
 - a. Anastasia, Claudia, Don, and Marcella, please work with the person who was assigned the case as needed to complete the verification task.
 - b. Adam, Jovonnie can help with some of your case files.
2. The paper files are stored in the first cabinet outside Jason's and Harnam's office. They are filed alphabetically by the last name. The keys are in a bowl on Mike's Desk on the bookshelf behind his chair. Please ensure that you lock up the cabinet after each use, keep the files in a secure and confidential place while out of the cabinet, and return the keys to the same location when done.
3. When reviewing the paper files, verify if the records are already in Tracker and flag the ones that are not in Tracker for scanning by pulling them out of the main file and placing them on top of the file in a paper clip and a sticky note indicating that they need to be scanned.

4. After verification, test that the completed verification process has identified any additional records and add them to the correct folder. Please ensure that the file is correctly named and that the file is properly saved. I recommend copying the record for any assigned files to the archive.

5. Policy & Disputes.

Here is the information that the link should work



<http://sharepoint.hrsa.gov/sites/BHW/DPDB/PDB/SOPs%20%26%20Guidelines/Record%20Management/Dispute%20files%20can%20go%20to%20report%20sx>

If you have any questions, please let me know as soon as possible.

Thank you

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
 Chief, Policy and Disputes Branch
 Division of Practitioner Data Bank
 Bureau of Health Workforce
 Health Resources and Services Administration
 5600 Fishers Lane, Rockville, MD 20857
 Phone: 301-443-2251
 Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](http://HRSA/NationalPractitionerDataBank)



From: [Rausch, Claudia \(HRSA\)](#)
To: [Moore, Melissa \(HRSA\)](#)
Cc: [Nganga-Good, Carolyn \(HRSA\)](#); [Gaskill, Sheena \(HRSA\)](#); [Loewenstein, David \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Grossman, Jordan \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kadingo, Wendy \(HRSA\)](#); [Ali, Shontae \(HRSA\)](#); [Colbert, Dale \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Archeval, Anthony \(HRSA\)](#); [Toledo, Oscar \(HRSA\)](#); [Ponton, Wendy \(HRSA\)](#); [Nganga-Good, Carolyn \(HRSA\)](#)
Bcc: [Claudia Rausch](#)
Subject: RE: Out sick
Date: Thursday, October 27, 2022 12:24:00 AM
Attachments: [10-27-2022 Reply Signed.pdf](#)

Hi Melissa,

Please see my reply to you attached. For your convenience, its also copied into the body of this email as follows:

My apologies for the delay, I was experiencing computer issues and technical difficulties. In response to your October 26, 2022 follow-up regarding my September 28th and September 29th use of leave, and the September 21, 2022 Leave Restriction, **please consider my October 4th, October 5th, and October 20th, 2022 replies and emails to Carolyn Nganga-Good, you and the Agency, as responsive to your October 26, 2022 Follow-up and any future follow-ups from you or the Agency regarding the September 21, 2022 Leave Restriction and Telework Suspension. Also attached.** I never received clarification from you or the Agency regarding any of my questions or concerns explained in those three communications.

For our records, the leave I used on September 28th and 29th, 2022, was already approved, as evident by the timekeeping records in ITAS. As I understand applicable case law, your threat of AWOL amounts to a prohibited personnel practice ("PPP") in violation of 5 USC §2302(b)(8) and 5 USC §2302(b)(9)(A)(i), (b)(9)(B), (B)(9)(C), and (B)(9)(D).

As established by our prior communications, referenced above, you and the Agency do not dispute my explanation of the surrounding facts and applicable law, that I referenced in either of those communications, or any of the previous related communications regarding this matter, correct? This includes but is not limited to, my annual leave use during my entire employment at the Agency, my reasonable accommodation needs, my fear of retaliation for protected whistleblowing activity and EEO-activity, the Agency's misuse of my medical information for the purposes of furthering discrimination and retaliation, the Agency's failure to accommodate under the guise of a misrepresented medical opinion, and the Agency's continued failure to adequately address harassment. Accordingly, I reasonably believe that a fact finder with authority to enforce the applicable Merits Systems Principles and take corrective action against your October 26, 2022 threat of AWOL will form the same conclusion as I have.

Accordingly, **please take notice** of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, please take notice

that **I intend to pursue legal action against you and all accountable parties to the fullest extent allowed by law, in response to your October 26, 2022 threat to commit a prohibited personnel action against me.**

I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and

Whistleblower Protection laws. Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I'm being treated differently by you and the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

Any perceived resistance from me in response to the unlawful instructions provided in the September 21, 2022 Leave Restriction and follow-up by you and/or the Agency, is at most, an attempt by me to oppose unlawful retaliatory actions by the Agency, protect myself from danger and irreparable harm, use a reasonable accommodation (RA) I'm entitled by law to use despite the Agency's previous denials of an RA; and not an attempt of misconduct.

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, **I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Sent: Wednesday, October 26, 2022 12:55 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Subject: RE: Out sick

Claudia,

In Carolyn's absence, I am following up on her message to you below regarding your use of leave on September 28 and 29, 2022. The leave restriction, issued to you on September 21, 2022 outlines the following requirements:

"Unscheduled, emergency leave (AL, LWOP and SL)

Unscheduled or emergency leave is leave requested in the event you are unable to report for duty due to medical incapacitation or other unforeseen emergency circumstances.

- If the leave requested is for emergency or unscheduled medical reasons such as illness or incapacitation, you must provide me acceptable documentation in order for it to be approved. You may be asked to bring acceptable documentation for approval of unscheduled leave, such as for household or other personal emergencies...
- If the leave requested is for unscheduled medical, dental, incapacitation or treatment, whether it's AL or SL, you must provide an acceptable medical certificate that is signed and dated by your medical provider and indicates that you were undergoing examination or treatment and the dates and timeframes of that examination or treatment. You must return that certification to me immediately upon your return to duty. Failure to provide acceptable documentation upon your return to duty may result in AWOL. I will determine if the certificate is acceptable.
- Emergency or unanticipated absences will not be approved if acceptable documentation is not received as requested and will be recorded as (AWOL) pending submission of acceptable evidence of the medical or other non-medical emergency immediately upon your return to duty.
- In order to have AWOL charges for any absence due to medical incapacitation changed to approved leave, you must furnish acceptable (to me) medical documentation from your health care provider for any absence due to incapacitation, regardless of the length of absence. Such documentation must be furnished to me immediately upon your return to duty and must include a statement from your health care provider specifying that because of your medical condition, you were precluded from traveling to and from work, being at work, and/or performing the tasks and duties of your job, or were required, for good medical reason, to undergo medical evaluation or treatment that could not have been scheduled at another time so that you could have requested leave in advance. I will determine if the documentation is acceptable."

I am not aware of any acceptable documentation from you to support your Sept. 28 or 29th leave requests. If you submitted documentation to Carolyn, please forward me that communication. **If I do not receive your documentation by 6pm today, October 26, 2022 – you will be marked as AWOL for your leave on September 28 (partial day) and September 29, 2022 (all day).**

Melissa B. Moore, MSW, MBA

Deputy Director, Division of Practitioner Data Bank

Bureau of Health Workforce
Health Resources and Services Administration
(301) 945-3332



-----Original Message-----

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Thursday, September 29, 2022 9:38 AM
To: Claudia Marie Rausch <claudiamarausch@hotmail.com>; Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: RE: Out sick

Hi Claudia,

Thanks for the notification. Hope you feel better. I will be on the lookout for the ITAS request.

Please note that per your leave restriction notice, you must provide me acceptable documentation upon your return to duty in order for the leave to be approved.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Claudia Marie Rausch <claudiamarausch@hotmail.com>
Sent: Thursday, September 29, 2022 9:10 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: [EXTERNAL] Re: Out sick

Good morning Carolyn,

Just wanted to let you know I'm still not feeling well and will be out sick today as well. I will update my ITAS record with SL and the 2 hours of credit leave I have as soon as I have a chance to log in to the system.

Thank you,

Claudia Rausch

> On Sep 28, 2022, at 2:40 PM, Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
> wrote:

>

> Hi Carolyn,

>

> I'm not feeling well and will be out sick for the remainder of the day.

>

> I have already updated ITAS with my sick leave request.

>

> Thanks,

>

> Claudia Rausch

> Management Analyst

> Policy and Disputes Branch

> National Practitioner Data Bank

> HHS | HRSA | Bureau of Health Workforce (BHW)

>): 301-945-3059| 3: clausch@hrsa.gov

>

> BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

>

>

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

SENT VIA EMAIL TO: Moore, Melissa (HRSA) MMoore1@hrsa.gov; Gaskill, Sheena (HRSA) SGaskill@hrsa.gov; Loewenstein, David (HRSA) DLoewenstein@hrsa.gov; Padilla, Luis (HRSA) LPadilla@hrsa.gov; Pradia-Williams, Sheila (HRSA) SPradia-Williams@hrsa.gov; Johnson, Carole (HRSA) Carole.Johnson@hrsa.gov; Ganey, Catherine (HRSA) CGaney@hrsa.gov; Grossman, Jordan (HRSA) JGrossman@hrsa.gov; Espinosa, Diana (HRSA) DEspinosa@hrsa.gov; Kadingo, Wendy (HRSA) WKadingo@hrsa.gov; Ali, Shontae (HRSA) SAli@hrsa.gov; Colbert, Dale (HRSA) DColbert@hrsa.gov; Lee, Kelli (HRSA) KLee@hrsa.gov; Archeval, Anthony (HRSA) AArcheval@hrsa.gov; Toledo, Oscar (HRSA) OToledo@hrsa.gov; Nganga-Good, Carolyn (HRSA) cnganga-good@hrsa.gov

Date: October 27, 2022

To: Melissa Moore, DPDB Deputy Director

& Above Named Recipients

Subject: **Reply to October 26, 2022 Threat of AWOL**

Formal Notice of Intent to Take Legal Action Re: Abuse of Authority, Workplace Discrimination, Retaliation in Violation of MSPs, WPA, NO FEAR ACT and EEOC Regulations

From: Claudia Rausch
Management Analyst, BHW, DPDB, Policy & Disputes Branch

Dear Ms. Melissa Moore:

My apologies for the delay, I was experiencing computer issues and technical difficulties. In response to your October 26, 2022 follow-up regarding my September 28th and September 29th use of leave, and the September 21, 2022 Leave Restriction, **please consider my October 4th, October 5th, and October 20th, 2022 replies and emails to Carolyn Nganga-Good, you and the Agency, as responsive to your October 26, 2022 Follow-up and any future follow-ups from you or the Agency regarding the September 21, 2022 Leave Restriction and Telework Suspension. Also attached.** I never received clarification from you or the Agency regarding any of my questions or concerns explained in those three communications.

For our records, the leave I used on September 28th and 29th, 2022, was already approved, as evident by the timekeeping records in ITAS. As I understand applicable case law, your threat of AWOL amounts to a prohibited personnel practice ("PPP") in violation of 5 USC §2302(b)(8) and 5 USC §2302(b)(9)(A)(i), (b)(9)(B), (B)(9)(C), and (B)(9)(D).

As established by our prior communications, referenced above, you and the Agency do not dispute my explanation of the surrounding facts and applicable law, that I referenced in either of those communications, or any of the previous related communications regarding this matter, correct? This includes but is not limited to, my annual leave use during my entire employment at the Agency, my reasonable accommodation needs, my fear of retaliation for protected whistleblowing activity and EEO-activity, the Agency's misuse of my medical information for the purposes of furthering discrimination

and retaliation, the Agency's failure to accommodate under the guise of a misrepresented medical opinion, and the Agency's continued failure to adequately address harassment. Accordingly, I reasonably believe that a fact finder with authority to enforce the applicable Merits Systems Principles and take corrective action against your October 26, 2022 threat of AWOL will form the same conclusion as I have.

Accordingly, **please take notice** of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, please take notice that **I intend to pursue legal action against you and all accountable parties to the fullest extent allowed by law, in response to your October 26, 2022 threat to commit a prohibited personnel action against me.**

I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws. Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I'm being treated differently by you and the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

Any perceived resistance from me in response to the unlawful instructions provided in the September 21, 2022 Leave Restriction and follow-up by you and/or the Agency, is at most, an attempt by me to oppose unlawful retaliatory actions by the Agency, protect myself from danger and irreparable harm, use a reasonable accommodation (RA) I'm entitled by law to use despite the Agency's previous denials of an RA; and not an attempt of misconduct.

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, **I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

From: [Rausch, Claudia \(HRSA\)](#)
To: [Nganga-Good, Carolyn \(HRSA\)](#)
Cc: [Moore, Melissa \(HRSA\)](#); [Gaskill, Sheena \(HRSA\)](#); [Loewenstein, David \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Grossman, Jordan \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kadingo, Wendy \(HRSA\)](#); [Ali, Shontae \(HRSA\)](#); [Colbert, Dale \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Archeval, Anthony \(HRSA\)](#); [Toledo, Oscar \(HRSA\)](#)
Bcc: claudiamarausch@hotmail.com; [Rausch, Claudia \(HRSA\)](#)
Subject: RE: Work Status
Date: Thursday, October 20, 2022 6:46:00 AM
Importance: High

Hi Carolyn,

My apologies for the delay in my reply. I never received a response from you in regards to my October 4, 2022 questions and request for clarification. Specifically, the request for clarification detailed in three separate emails I sent to you on October 4, 2022, with regards to my work status, the leave restriction and telework suspension. ***Viewable in the email trail below for reference.***

As I understand it, **you do not dispute nor challenge any of the facts I cited in support of my position, correct?**

You also do not dispute the fact that federal laws, to include but not limited to, ***5 U.S.C. §6130(a)(1) and The Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625 on "Enhancing Workplace Flexibilities and Work-Life Programs"*** apply to these circumstances in addition to the NTEU Collective Bargaining Agreement you referenced. Is that correct?

Nor do you dispute the fact that the Agency, you, and these circumstances, are subject to the **EEOC Enforcement Guidance on Employer-Provided Leave and the Americans with Disabilities Act, OLC Control No. EEOC-NVTA-2016-1 and EEOC Guidance on Work at Home/Telework as a Reasonable Accommodation, OLC Control No: EEOC-NVTA-2003-1**, correct?

Accordingly, and as described in my October 4th and 5th Notices to you, I consider your Leave Restriction and Telework Suspension to be unlawful, not legally enforceable, thus null and void.

Consequently, I have continued to honor the telework agreement you signed and approved on May 19, 2022. To answer your question your inquiry of my whereabouts and my report for duty, I have reported for duty per the terms described in our original telework agreement that you approved on May 19, 2022. I thought my October 4, 2022 email to you clarified this.

Please consider this communication from me, applicable to any relatable inquiries from you, now or in the future.

Your time and attention to this matter is greatly appreciated.

Best,

Claudia Rausch
Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (BHW)

☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Wednesday, October 5, 2022 11:38 AM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA)

<DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>

Subject: RE: Work Status

Importance: High

Claudia,

The leave restriction was issued properly and you are expected to comply with the requirement to report to your workstation at 5600 Fishers Lane unless you are on approved leave.

In regards to your statement, *"I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th."*

I understand that you are stating that you reported to your approved official worksite at 5600 Fishers Lane on the dates noted. If that was not what you meant, you must let me know by 5pm today as I need to be clear on your whereabouts/work status.

Regarding your inquiries about laws, rules, regulations, and/or Agency policies governing the Leave Restriction Notice - your TW agreement details the eligibility and terms (see attached) and more information can be found on the [NTEU Collective Bargaining Agreement](#).

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)





From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Sent: Wednesday, October 5, 2022 9:03 AM

To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Gaskill, Sheena (HRSA) <SGaskill@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>

Subject: RE: Work Status

Importance: High

Hi Carolyn,

My reply to you is attached. For your convenience, it's also copied into the body of this email:

Hi Carolyn,

In reply to your October 4, 2022 email, I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th.

As explained in my October 4, 2022 emailed reply to the instructions from your September 21, 2022 Notice, I do not understand your instructions and requested clarification. Can you please answer my October 4, 2022 questions and provide me with the clarification I am seeking?

To recap, my approved leave usage from this year, is the basis for your September 21, 2022 decision to restrict my leave usage and suspend me from participating in the Agency-wide Alternative Work Schedule and Telework programs. As you are aware through our prior communications, a lot of the leave I've used has been to accommodate my reasonable accommodation ("RA") needs; and/or avoid a hostile work environment and retaliatory harassment. If the Agency would've approved my prior RA request of episodic telework and/or 100% telework which proved to be an effective accommodation, I wouldn't have needed to use leave on days I'm scheduled to go to the Agency building.

You were willing to accommodate my reasonable accommodation needs before. I don't understand why that has changed suddenly and why you have decided to eliminate all the aforementioned work schedule flexibilities that I have used as reasonable accommodations. Nor have you been willing to engage in the interactive process required under the Rehabilitation Act. Accordingly, please advise what I need to do to obtain a reasonable accommodation of 100% telework from the Agency, and/or RA based leave. Please also advise what resolution, assistance or remediation is available to me from the Agency. Also, please advise if the Agency is able to provide

any support for my reasonable accommodation needs and the retaliatory harassment I continue to experience.

Notably, your September 22, 2022 restrictions and suspension of leave use, AWS, and telework comes after I made you aware that I feared being near the Agency building due to retaliatory harassment to include, but not limited to, radiation attacks. At the minimum, it is clear that this management decision is intended to further create even more intolerable working conditions for me; forcing me to exhaust my leave.

Your September 22, 2022 notice and related decisions are clearly based on leave usage that has resulted from the Agency's wrongful actions, and thus, give me no meaningful choice in the matter. This more than suggests that your September 22, 2022 threat of disciplinary action and/or removal from the federal service for failure to comply with the unfair and unlawful restrictions and suspension of leave use, AWS, and telework; is intended to support a constructive removal and/or constructive disciplinary action against me. Based on the facts and evidence I have reviewed, it is clear that my protected activity, to include but not limited to, my EEO-activity and whistleblowing activity, are at the minimum – motivating factors in these personnel actions. Subsequently, amounting to Prohibited Personnel Practices in violation of the Merits Systems Principles pursuant to Title Five of the United States Code.

Considering this alongside other factors, to include the fact that you seem unwilling or unable to respond to my October 4, 2022 questions and request for clarification, **please take notice** of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, **please take notice that I will pursue legal action against you and all accountable parties to the fullest extent allowed by law.**

This is based on facts and evidence I have reviewed, which lead me to reasonably believe that **your instructions and September 22, 2022 restrictions and suspension of leave use, AWS, and telework are unlawful. I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws.** Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination me. I believe I'm being treated differently by you and the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

Any perceived resistance from me in response to the unlawful instructions referenced in above, is at most, an attempt by me to oppose unlawful retaliatory actions by you and the Agency or protect myself from danger and irreparable harm; and not an attempt of misconduct.

-

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant

to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available by the Agency, **I have carbon copied additional Agency management officials in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch

Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (BHW)

📞: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Tuesday, October 4, 2022 2:11 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>

Subject: RE: Work Status

Importance: High

Hi Claudia,

I received the attached emails from you in response to my message regarding your work status.

I instructed you to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022 via the September 21, 2022 Leave Restriction Memo.

As I understand from your last emails, you did not report for duty as instructed Wednesday Sept 28th and Friday Sept 30th, nor did you report for duty as instructed Monday Oct 3rd and Tues Oct 4th. Your behavior is considered misconduct and will not be tolerated.

You must:

- Confirm whether or not you reported to duty as instructed on 9/28, 9/30, 10/3 and 10/4

by 5pm today.

- Immediately comply with the Leave Restriction instructions I issued you on September 21, 2022 – (attached for your review) and report to the office as instructed. You are not approved to telework.

I will address any other necessary questions/matters from your attached email as soon as I am able to.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Tuesday, October 4, 2022 11:43 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>
Subject: RE: Work Status
Importance: High

Hi Carolyn,

I apologize for the delay, I'm just now seeing this email.

I have a few questions regarding your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternative Work Schedule Suspension; and would like some clarification. My questions and concerns are attached.

For your convenience, I have also copied my reply into the body of this email:

I am seeking clarification and have a few questions about your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternate Work Schedule Suspension ("September 21, 2022 Notice" or "Notice"), now that I have had time to read it. Can you please provide clarification? Or can you point me to the appropriate person within The Health Resources and Services Administration ("HRSA" or "Agency") that can? I would greatly appreciate it. For convenience, my questions appear in **bold underline** print throughout this document.

My first questions are:

What laws, rules and regulations support the decision to suspend me from the telework agreement and Alternative Work Schedule ("AWS")? Can you please tell me? Your Notice did not cite any. Equally, **what laws, rules, regulations or Agency policies authorize or allow a federal supervisor to suspend an employee's telework agreement and alternative work schedule?**

- **More so, considering the surrounding circumstances in my particular situation, such as my previous and current protected activity?** Specifically, my protected-EEO activity, whistleblowing activity, reasonable accommodation ("RA") needs and prior RA requests, and the harassment I've experienced near the Agency building, such as radiation attacks, that caused me to fear for my life – all which you're aware of. **Or have I mistakenly failed to inform you of any of these surrounding circumstances?** Because the numerous emails between us, in addition to your August 27, 2021 testimony from my EEOC Hearing very clearly evidence that you and the Agency are aware of all of these surrounding circumstances. **Am I mistaken?**

I am not aware of any laws, regulations or polices that support or authorize the decisions in your September 21, 2022 Notice, nor its threats of recording absences as "AWOL" and "disciplinary/adverse action, up to and including removal from [my] position and from the Federal service" for failure to comply. **Or is your September 21, 2022 Notice exempt from the requirement of adhering to federal laws and regulations that govern the supervision and management of Federal Service under Title Five of the United States Code?**

- As I understand applicable law, pursuant to [5 USC §2302\(a\)\(2\)\(A\)](#) and applicable case law, your September 21, 2022 Notice and "leave and AWS restrictions", as well as the recent decision to suspend me, meet the legal definition of personnel action(s). Subsequently, these actions amount to several prohibited personnel practices ("PPP") in violation of [5 USC §2302\(b\)\(8\)](#) and [5 USC §2302\(b\)\(9\)\(A\)\(i\), \(b\)\(9\)\(B\), \(B\)\(9\)\(C\), and \(B\)\(9\)\(D\)](#); which forbid reprisal in the form of personnel actions in response to the surrounding circumstances I've referenced above, further evidenced by our prior emails and your August 27, 2021 EEOC Hearing testimony. See *Arauz v. DOJ*, 89 MSPR 529 (2001). This includes the September 21, 2022 Notice threats of AWOL and disciplinary/adverse actions. See *Gergick v. GSA*, 43 MSPR 651, 656-57 (1990) and *Schnell v. Dept. of Army*, 114 MSPR 83, 2010 MSPB 67 (2010). Your September 21, 2022 Notice also appears to be strategically provided to me alongside your increased scrutiny of my deadlines, and during the Agency's EEO investigation into my current EEO complaint, in which you are one of the primary "responsible management officials". This

further leads me to believe your September 21, 2022 Notice is intended to interfere with my ability to adequately respond to the EEO investigation; thus amounting to actionable retaliation.

-

Or are you and the Agency exempt from the Merits Systems Principles that routinely govern the Federal Service? Are you and HRSA exempt from the authority of the Office of Special Counsel (“OSC”) and the Merits Systems Protection Board (“MSPB”)? Please let me know if you believe I am misinterpreting these laws and they are not applicable to you and HRSA.

-

Even absent the Merits System Principles, many other federal laws, regulations, and policies contradict your September 21, 2022 Notice and Leave/AWS restriction; indicating it is unlawful, not legally binding and unenforceable. However, **please let me know if you believe I am misinterpreting any of the following laws and regulations further explained below.** As of now, I understand your September 21, 2022 Notice to be at the minimum - unlawful, done in retaliation and in violation of whistleblower protection laws, EEOC laws and the Rehabilitation Act. Your September 21, 2022 Notice also appears intended to expose me to irreparable harm, which I understand to not be legally enforceable. I will not risk exposing myself to potential danger or irreparable harm. I don't believe federal law requires federal employees to follow orders that will result in potential danger or irreparable harm to themselves. However, please feel free to educate me. Because your September 21, 2022 Notice did not cite any laws, regulations or specify supportive facts.

Absent clarification from you, I understand the September 21, 2022 Notice and Leave/AWS/Telework restrictions to be unlawful, not legally enforceable, contradicted by applicable federal law, thus, null and void. However, I look forward to any clarification you can provide and any answers you are able to provide to my questions above and below.

As a matter of course, please note that in effort to meet my responsibility to escalate concerns of unlawful retaliation to supervisors in my chain of command and exhaust any remedies provided by the Agency - I have carbon copied additional Agency personnel to include my 2nd, 3rd, 4th, and 5th level supervisors. This email by me, should be considered by all, a report of retaliation and violation of EEO Laws and the NO FEAR ACT.

For our records, my questions, concerns, and request for clarification is further explained and addressed below:

I. RESTRICTION OF LEAVE, AWS AND TELEWORK IS CONTRADICTED BY APPLICABLE FEDERAL LAW AND REGULATIONS

a. Title Five of the United States Code

Your September 21, 2022 Notice makes brief reference to the Collective Bargaining Agreement (“CBA”), Article 26, Section 4.D.2. However, federal law requires that the management of the attendance and leave of the federal service, to include work schedule flexibilities such as “telework” and “alternative work schedule [“AWS”]”, ***adhere to federal law in addition to*** the terms of a collective bargaining agreement. See [Title 5 of the United States Code \(U.S.C.\), PART III, Subpart E on Attendance and Leave, CHAPTER 61, SUBCHAPTER II Regarding Flexible and Compressed Work Schedules](#), “...any flexible or compressed work schedule, and the establishment and termination of

any such schedule, shall be subject to the provisions of this subchapter **and** the terms of a collective bargaining agreement....". See [5 U.S.C. §6130\(a\)\(1\)](#). The subchapter references several Executive Directives, Orders and rules that clarify such "schedule flexibilities" include both "alternative work schedules" and "telework". See *Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625 on "Enhancing Workplace Flexibilities and Work-Life Programs"*.

Am I misinterpreting this law? Does this federal law and Presidential Directive not apply to HRSA?

-

b. OPM, EEOC, and MSPB Regulations and Directives

Pursuant to [5 U.S.C. §1101\(a\)](#), Federal Agencies must adhere to "all executive orders, rules, and regulations affecting the Federal service" unless "modified, terminated, superseded, or repealed by the President, the Office of Personnel Management ["OPM"], the Merit Systems Protection Board ["MSPB"], the Equal Employment Opportunity Commission ["EEOC"], or the Federal Labor Relations Authority ["FLRA"]...".

Is HRSA exempt from following rules and regulations established by OPM, the MSPB and the EEOC? Please let me know.

-

II. AGENCY IS AWARE THAT LEAVE, TELEWORK AND AWS RESTRICTION(S) WOULD EXPOSE ME TO POTENTIAL DANGER AND IRREPARABLE HARM

a. Factual Background

You and the Agency, became acutely aware that I have felt a need to avoid being near the Agency building in effort to ensure my safety and potential harm to my life. This is evidenced through my April 25, 2022 emailed reply to your April 19, 2022 Memorandum and my June 1, 2022 emailed reply to your May 23, 2022 attempt to remove evidence on my laptop from my possession. I further explained these matters in my August 22-24, 2022 reply **(Also labeled August 22, 2022 Reply and attachments...)** to your July 20, 2022 proposal to suspend me. **Attached**. My explanation included photos that evidenced I was being attacked by toxic radiation levels in a location that is only 6 minutes away from the Agency building. You even included the photos in your July 20, 2022 proposal to suspend me and responded to my August 22-24, 2022 reply by suggesting I update my AWS location on my telework agreement.

Am I mistaken? Did you believe that my June 1, 2022 emailed statement of "I do not currently have the luxury of dropping into the HRSA building at a moment's notice without extensive planning and foresight, and without risk to my life" failed to clarify that I feel a need to avoid being near the Agency building to ensure my safety?

-

Whether or not my beliefs of risk to my safety near the Agency building are credible or provable, your September 21, 2022 Leave and AWS restrictions came only three and a half months afterwards, thus strongly evidence retaliatory intent. At least, as I currently understand applicable MSPB and EEOC guidance and case law.

-

Or do MSPB and EEOC decisions and directives governing reprisal not apply to you and HRSA? See my April 25, 2022 reply to your April 19, 2022 Notice and June 1, 2022 reply to May 23, 2022

email attached.

As I understand [Presidential Directive under the Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625](#) on “Enhancing Workplace Flexibilities and Work-Life Programs”, “leave policies... related to stalking situations” is one of the “workplace flexibilities” that federal agencies must “ensure... are available to the maximum extent practicable, in accordance with the laws and regulations...”. See [Section 2 \(l\) of June 23, 2014, 79 F.R. 36625 in 5 U.S.C., Part III](#). **Does this Presidential Directive not apply to me, HRSA and HHS?** Because your September 21, 2022 restriction of leave, AWS and telework not only appears to be retaliatory, but also appears intended to place me in danger and in a frightful situation.

III. LEAVE AND AWS RESTRICTION VIOLATES THE REHABILITATION ACT AND EEOC DIRECTIVES

a. Factual Background

The Agency and you are aware that I have had reasonable accommodation needs beginning late 2019, and/or early to midyear 2020, and that my requests for a reasonable accommodation included, but are not limited to: episodic telework, flexible work schedule and leave. The Agency and you also have record that ‘telework’ was an effective accommodation for me. Historical evidence in the matter which is further described below, establishes that my panic attack symptoms took place primarily at the Agency building and I experienced a remission of these symptoms upon being on 100% telework during the pandemic.

The Agency and you are aware that I experienced a remission of panic attack symptoms during the Agency’s 100% telework policy during the pandemic, and that I surpassed performance expectations while being on 100% telework and using 213 to 259 hours of leave a year from 2020 to 2021. The Agency’s prior attempt to discredit my qualifications for a reasonable accommodation, for the likely purpose of avoiding liability in my harassment case, by utilizing a misrepresented FOH “medical review” were unsuccessful. To date, the Agency and its legal counsel have been unable to provide a legal or factual evidence-based argument to counteract my allegations that the “medical review” was and is misrepresented, not in adherence with applicable law, regulation and industry standards.

To recap the factual events:

1. On or around December 2019, I began experiencing panic attacks. They occurred at the Agency building and on a plane. **See pages 197-198 of August 22-24, 2022 Reply to proposed suspension PDF and ROI for my last EEO complaint.**
2. On or around February 2020, I sent a reasonable accommodation (“RA”) request to the Agency’s RA accommodations office. **See attached August 22-24, 2022 Reply to proposed suspension.**
3. I began experiencing a remission in panic attack symptoms after being on 100% telework due to the pandemic, beginning on or around March 10, 2020. **See doctor’s progress note at page 208 of August 22-24, 2022 Reply to proposed suspension PDF.**
4. On April 24, 2020, the Agency denied my RA request, arguing an unnamed FOH physician’s medical review determined I didn’t qualify. The “medical review” contradicted the progress notes of my psychiatrist and blamed my personality and perceptions. Its conclusions did not consider any medical evidence. It characterized my RA request as “perceived harassment”. **See pages 207-209 and 172-179 of August 22-**

24, 2022 Reply to proposed suspension PDF.

5. The Agency's denial of the RA did not consider evidence of my performance abilities nor the fact that telework had proven to be an effective accommodation. **See 2019 and 2020 PMAP ratings at pages 19-62 of August 22-24, 2022 Reply to proposal suspension PDF and number 4 above.**
6. An expanded misrepresented "medical review" was introduced during the administrative discovery process. **See pages 204-206 and 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
7. The responsible physician, FOH, and Agency FOIA office were unable to furnish any medical records upon request. **See attachment titles "2-24-2021 email..." hyperlinked on page 181 of August 22-24, 2022 Reply to proposed suspension PDF.**
8. Upon challenging its legitimacy, the Agency withdrew the physician as a witness for the August 2021 EEOC Hearing. **See attached July 14, 2021 AJ's Memorandum and pages 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
9. The Agency's RA Accessibility Specialist later testified that panic attacks are a medical condition that the Agency is required to accommodate, regardless of how they were caused. **See attached August 27, 2021 EEOC Hearing testimony of Elizabeth Pinkard-Adams.**
10. On July 20, 2020, my first-level supervisor, Carolyn Nganga-Good, learned I had reasonable accommodation needs that had previously been wrongly denied. **See attached July 20, 2020 email titled "7-20-2020 Midyear PMAP Discussion..." between Claudia Rausch and Carolyn Nganga-Good.**
11. The same day, Ms. Nganga-Good agreed in writing to *"accommodate and be flexible with any accommodation requests that are within reason as long as work deliverables are not negatively impacted"*. **See attached July 20, 2020 email titled "7-20-2020 Midyear PMAP Discussion..." between Claudia Rausch and Carolyn Nganga-Good.**
12. Ms. Nganga-Good later became aware the reasonable accommodation needs were partially due to panic attacks, PTSD symptoms and medication side effects on October 28, 2020 and December 26, 2020. **See highlights on attached December 26, 2020 email titled "12-26-2020 email to CNG re: dispute cases" between Claudia Rausch and Carolyn Nganga-Good.**
13. On April 27, 2021 and August 24, 2022, Ms. Nganga-Good became aware that the reasonable accommodations I was in need of, and had previously requested included RA based leave, telework, and schedule flexibilities such as late arrivals. **See April 27, 2021 email on pages 180-195 of August 22-24, 2022 reply to proposed suspension, and hyperlinked attachments on page 181 of August 22-24, 2022 reply to proposed suspension.**
14. During most of 2020 and all of 2021, the Agency was on 100% telework due to the pandemic. As my PMAP rating official, Ms. Nganga-Good rated my performance as "Achieved More Than Expected Results". **See attached 2021 PMAP rating and 2020 PMAP on pages 19-44 of August 22-24, 2022 reply to proposed suspension.**
15. On August 27, 2021, Ms. Nganga-Good testified during the EEOC Hearing:
 - a. *"There's usually flexibility" in managing deadlines for disputes resolution cases and described the goal deadlines as "general metrics" that "sometimes --- goes beyond, you know, six months"*. **See attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
 - b. She was aware of and recalls that I brought up a *"medical condition"* and a *"reasonable accommodation request"*. **See attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
16. On August 24, 2022, Ms. Nganga-Good became aware that telework was an effective accommodation for my panic attack symptoms, through the reply I provided to the July

20, 2022 proposed suspension memorandum. ***See doctor's March 20, 2020 note of "remission in symptoms of panic attacks ever since she has been working from home after the coronavirus outbreak" on page 202 of PDF attached to August 24, 2022 email "8-22-2022 Reply and attachments SIGNED".***

b. Rehabilitation Act and Applicable EEOC Law and Regulations

As I understand the Equal Employment Opportunity Commission ("EEOC")'s Directives, subjecting an employee with RA needs to different leave procedures, violates the ADA and Rehabilitation Act. See EEOC Enforcement Guidance on Employer-Provided Leave and the Americans with Disabilities Act, OLC Control No. EEOC-NVTA-2016-1. Additionally, the EEOC requires an employer to consider providing unpaid leave so long as it does not create undue hardship for the employer. This applies even when an employee is not "eligible for leave" under employer leave policies or when an employee has exhausted leave benefits. According to the EEOC, an employer cannot legally enforce maximum leave policies or limitations on unplanned absences, on an employee who needs to use RA based leave - unless the employer can prove it would result in undue hardship.

-

Or does the referenced EEOC Guidance above, on Employer-Provided Leave and the Americans with Disabilities Act not apply to HRSA and your September 21, 2022 Notice?

-

The EEOC also requires employers who offer telework to allow employees with a disability an equal opportunity to use telework as well as waive eligibility requirements for telework to accommodate disabilities. See EEOC Guidance on Work at Home/Telework as a Reasonable Accommodation, OLC Control No: EEOC-NVTA-2003-1. According to the EEOC, "An employer may not withdraw a telework agreement or modified schedule" that is used as a reasonable accommodation because of unsatisfactory performance. I have in fact been using telework and my AWS as a reasonable accommodation. As I understand EEOC Enforcement Guidance, the Agency's prior decisions on my RA requests have no bearing on the fact that I have used these workplace flexibilities as a reasonable accommodation and that I am entitled to use reasonable accommodations under the Rehabilitation Act. Per the EEOC, an employer who failed to grant a reasonable accommodation that did not constitute undue hardship, may not discipline an employee who has performance issues that resulted from the lack of an accommodation. See the EEOC's September 3, 2008 Guidance on Applying Performance and Conduct Standards to Employees with Disabilities. This year, you have attempted to reduce all workplace flexibilities that I've used as reasonable accommodations. Accordingly, I don't see how any alleged performance issues this year, if any, are not related to either reprisal or an unlawful removal of a reasonable accommodation I'm entitled to use under federal law.

Or does the EEOC's position referenced above on applying performance and conduct standards to employees with disabilities, not apply to HRSA?

-

In your September 21, 2022 Notice, you make reference to previously issued memorandums by you dated April 19, 2022 and May 23, 2022, where you assert that "In the event [you] believe [I] may be requesting leave inappropriately, [you] may request acceptable documentation before [you] approve leave". However, you have not once insisted on receiving additional documentation before

approving leave after your April 19, 2022 and May 23, 2022 notices. This indicated to me that the documentation you have which is summarized in the factual background above, concerning my reasonable accommodation needs is sufficient. Furthermore, I don't believe EEOC's Enforcement Guidance even allows an employer to request additional medical documentation, after they have already been provided with initial documentation in support of a reasonable accommodation. But please, feel free to correct me if I'm wrong.

In conclusion, I'm inclined to believe that your September 21, 2022 Notice is a deliberate attempt to retaliate by interfering with my rights to a reasonable accommodation under the Rehabilitation Act. Your September 21, 2022 Notice also asserts that you do not plan to approve Leave Without Pay ("LWOP") except as necessary by rule of law. However, the Agency's reasonable accommodation accessibility specialist testified during the August 27, 2021 EEOC Hearing that the Agency approves LWOP all the time for employees who have little to no leave and need reasonable accommodations. ***See Ms. Pinkard-Adams' testimony attached.*** Subsequently, I believe this further evidences the retaliatory intent of your September 21, 2022 Notice.

**IV. ABSENT RETALIATION, LEAVE RESTRICTIONS AND SUSPENSIONS OF AWS/TELEWORK STILL LACKS LEGAL AUTHORITY.
PER FEDERAL LAW, EXCLUSION OF SCHEDULE FLEXIBILITIES MUST BE DUE TO DISRUPTION OF AGENCY FUNCTIONS OR ADVERSE AGENCY IMPACT**

As I understand applicable law, even if the above facts and laws do not deem the September 21, 2022 Notice to constitute unlawful retaliation, the Notice's restrictions still remain unsupported by laws governing the federal service.

According to federal law pursuant to Title Five of the United States Code, an Agency may only (1) *"restrict the employees' choice of arrival and departure time"* and/or (3) *"exclude from such program any employee or group of employees"* if the agency is *"is being substantially disrupted in carrying out its functions or is incurring additional costs because of such participation."* See [5 U.S.C. §6122 \(b\)](#). This is also emphasized under [5 U.S.C. §6131 \(a\)\(2\)](#), which provides that the only time an Agency may determine not to continue a *"particular flexible or compressed schedule"* is if and when the *"head of the agency"* finds that such a schedule would have *"adverse agency impact"* such as (b) (1) *"a reduction of the productivity of the agency; (2) a diminished level of services furnished to the public by the agency; or (3) an increase in the cost of agency operations."* See [5 U.S.C. §6131 a –b](#).

Do these federal laws not apply to HRSA and your September 21, 2022 Notice? Because nowhere in your notice, did you reference or specify ways that my leave usage has disrupted the Agency's functions, resulted in increased costs or an adverse agency impact. The Notice briefly asserted that my *"frequent pattern of unscheduled absences have resulted in a negative impact for the team"* but did not specify any incidents in which the team was affected or how the team was negatively affected. **Can you please clarify and specify when and how the team has been negatively impacted by my absences? And how it amounted to substantial disruption on Agency functions and an adverse agency impact? What factual evidence supports these allegations? Does HRSA not have to support its personnel actions with factual evidence?**

V. PER FEDERAL REGULATIONS, LIMITATIONS ON SICK LEAVE USAGE ONLY APPLY TO

FAMILY CARE AND BEREAVEMENT

Your September 21, 2022 Notice attempts to use “low leave balances” to justify a leave restriction. However, these are no applicable laws, regulation, or policies that require federal employees to maintain a minimum leave balance. **Are there?** OPM federal regulations under [5 C.F.R. § 630.401 b-d](#) only place limitations on the maximum amount of hours of sick leave that can be used annually, on matters related to providing care for a family member or planning funeral arrangements. _

Do OPM regulation not apply to HRSA?

VI. JUSTIFICATION OF EXCESSIVE LEAVE USAGE AND POTENTIAL IMPACT TO AGENCY IS UNSUPPORTED BY FACTS AND HISTORICAL DATA

Your September 21, 2022 notice attempts to support nonfactual allegations and assert that “...in 2022, [I] have used unanticipated leave with little to no notice in almost every pay period”. However, my leave usage pattern is no different or poorer than prior years, all which resulted in “Achieved More Than Expected Results”. ITAS records evidence that I have only used unanticipated leave in 10 out of 20 pay periods in year 2022. ***See attached ITAS Administrative Leave records for Years 2015-2022.*** In fact, I used more unanticipated leave during the first 8 months of last year (98.25 sick leave hours by August 28, 2021), than I have this year (87.25 SL hours by Sept. 10, 2022), and I still surpassed performance expectations in the year 2021. ***See attached ITAS Administrative Leave Record for Year 2021 and 2021 PMAP End of Year Appraisal Score of 3.80, Level 4 of “Achieved More Than Expected Results”.*** As my 2021 supervisor and rating official, you even rated me at a Level 4 for Critical Element II, BHW Collaboration which pertains to “teamwork”. You gave me this rating in 2021 all while I was on 100% telework and used more unanticipated leave in 2021 than this year in 2022.

In fact, ITAS and PMAP records for all prior years, 2015 to 2021, evidence that I’ve routinely used an equal amount of unanticipated leave each year at HRSA, sometimes more, while still surpassing performance expectations each year. See ***attached 2021 PMAP rating and PMAP ratings for years 2016-2020 at pages 19-107 of August 22-24, 2022 Reply to proposed suspension.*** Accordingly, I don’t understand how one could reasonably conclude that my unanticipated absences this year would negatively impact the team, disrupt Agency functions, or have an adverse impact on the Agency. **Can you please tell me? Can you please tell me what has changed from last year to this year?** Because the only thing I’m aware of, that has changed in our employee-supervisor relationship from last year to this year is that I now have a new EEO complaint pending against you and the Agency, with 35 plus claims on it, nine which identify you as the responsible management official. That and my whistleblowing activity of fraud, electronic surveillance and interference with my previous EEO activity; all which you’ve been made aware of through previous emails as cited above.

Or am I mistaken? Has something else changed in our employee-supervisor relationship from last year to this year? That has enticed you to take so many personnel actions against me?

VII. THERE ARE NO LAWS, REGULATION, OR POLICIES THAT FORBID THE USE OF LEAVE ON SCHEDULED IN-OFFICE DAYS. NOR WERE ANY SUCH REQUIREMENTS COMMUNICATED

Your September 21, 2022 Notice goes on to assert that you are concerned with the timing of my leave requests as they often coincide with days I'm required to report into the office. As explained above, I have used leave as a reasonable accommodation and to avoid potential danger and irreparable harm. There are no laws, regulations, rules, Agency policies, Division policies, or requirements that say we cannot request leave on a scheduled in-office day. **Are there? And if so, why was this not communicated at the start of establishing our telework agreements?** In fact, you approved my in-office days of the first Monday of the pay period and the last Friday of the pay period – days in which hardly anyone is in the office. These are also days that Federal Holidays routinely land on. **If this was an issue, why weren't employees kept from requesting Monday as an in-office day, when federal holidays routinely land on Mondays?** Accordingly, I don't understand how absences on these days negatively impacts any Agency operations or "team" activity, since hardly anyone is in on these days.

I look forward to any clarification you can provide.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, October 3, 2022 3:20 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Work Status
Importance: High

Hi Claudia,

I am following up on your work status and whereabouts as you have not been seen on site at the Parklawn Building on 9/28, 9/30, and today, 10/3 and I have not received any leave requests from you. You were instructed that you have to be onsite starting Wednesday 9/28/2022 per the Leave Restriction Notice that you were issued on 9/21/2022 and the subsequent follow-up emails. Please advise no later than **COB today** about your work status for today and your whereabouts.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Rausch, Claudia \(HRSA\)](#)
To: [Padilla, Luis \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#); CRausch@hrsa.gov
Cc: [Moore, Melissa \(HRSA\)](#); [Gaskill, Sheena \(HRSA\)](#); [Loewenstein, David \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Grossman, Jordan \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kadingo, Wendy \(HRSA\)](#); [Ali, Shontae \(HRSA\)](#); [Colbert, Dale \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Archeval, Anthony \(HRSA\)](#); [Toledo, Oscar \(HRSA\)](#); [Nganga-Good, Carolyn \(HRSA\)](#); [Dixon, Alexandra \(HHS/OGC\)](#); [Te, Christy \(HHS/OGC\)](#); [Ponton, Wendy \(HRSA\)](#)
Bcc: [Claudia Rausch](#); [Rausch, Claudia \(HRSA\)](#)
Subject: FW: Dispute Cases Follow up
Date: Thursday, November 3, 2022 10:13:00 AM
Attachments: [11-3-2022 Notice of PPP to LP & SPW SIGNED.pdf](#)
Importance: High

Dear Dr. Luis Padilla and Ms. Sheila Pradia-Williams:

Previous attempts to reach resolution and communicate concerns of unlawful retaliation directly with my first-level supervisor, Carolyn Nganga-Good and second-level supervisor, Melissa Moore, have been unsuccessful. Previous efforts to gain support from Ms. Moore's first-level supervisor, Mr. David Loewenstein, and Kelli Lee, BHW's Labor and Employment (LER) Specialist, with regards to responding to and acting on retaliation, discrimination, and harassment have also proven to be unreliable.

Accordingly, **I am escalating concerns of the most recent incident(s) of retaliation by Ms. Nganga-Good and Ms. Moore, directly to you**, in attempt to provide the Agency with an opportunity to address such matters in accordance with applicable law and exhaust any available resources that may be available to me by the Agency. If there is another management official that I should be reporting the retaliatory harassment I've experienced from Ms. Nganga-Good and Ms. Melissa Moore, please advise. In the interest of everyone's time, I have carbon copied the Agency's counsel in the matter involving my two formal EEO complaints, on this correspondence. I have also included the Agency's Human Resources office and other managers in my chain of command, in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to consider legal action against any accountable parties.

If I continue to experience retaliation by Ms. Nganga-Good and Ms. Moore, or if Ms. Nganga-Good and Ms. Moore move forward with taking the threatened retaliatory actions and prohibited personnel actions against me; I will have no choice but to name you as the Responsible Management Official(s) ("RMO(s)") in these new EEO claims and any related report to the Office of Special Counsel ("OSC"), or a potential request for corrective action from the OSC, or related activity.

I. ESCALATION OF NEW INCIDENTS OF RETALIATION BY FIRST-LEVEL SUPERVISOR

a. Background

As evident by over 19 emails between Ms. Nganga-Good and myself over the last year, **all which you and the Agency have been carbon copied**, the following events relevant to this matter, are established by surrounding facts and written records:

1. I've participated in continuous protected EEO activities and protected opposition

from May of 2019, till present.

2. I've participated in whistleblowing activity and have made several protected disclosures from on or around March 2020, till present.
3. Ms. Nganga-Good has known of my protected-activity since May of 2020.
4. I have alleged that Ms. Nganga-Good has retaliated against me on at least ten occasions this year in 2022.
5. Ms. Nganga-Good's adverse treatment of me has occurred in close proximity after she has learned about my protected EEO activity and protected disclosures.

b. Misrepresentations of Verbal Communications regarding Work Tasks (Dispute Cases) by Ms. Nganga-Good made on October 17, 2022, and November 2, 2022.

On October 17, 2022, and November 3, 2022, Ms. Nganga-Good's misrepresents a verbal meeting she had with me, in what appears to be an attempt reconstrue the facts in furtherance of illegitimately attacking my performance. Specifically, she stated on October 17, 2022 "Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week" and "The last update from you on Oct 5th was that you'd have both of them done by October 21st." ***Please see November 2, 2022, email from Ms. Nganga-Good attached.***

Contrary to Ms. Nganga-Good's assertion, I did not state I would have both dispute cases done by October 21, 2022. I stated I would do my best to have these cases done as fast as I can. Notably, I am not the only employee reporting to Ms. Nganga-Good, who has participated in protected activity, and has alleged that Ms. Nganga-Good has misrepresented verbal conversations for the purposes of furthering unlawful retaliation.

c. Increased Scrutiny of Work and Attempts to Sabotage My Work Progress by Overwhelming Me with Retaliatory Actions, by Ms. Nganga-Good

With regards to the two dispute cases referenced by Ms. Nganga-Good in her November 2, 2022, email, my progress of working on these tasks over the past two months, has been repeatedly **disrupted by Ms. Nganga-Good's efforts to overwhelm me with retaliatory actions**, as evident by the numerous emails I have carbon copied you on over the past year.

Even if this weren't the case, my turnaround time for completing these tasks is no different or worse from last year, in which my performance with the Agency was rated as exceeding performance expectations. Ms. Nganga-Good's rationale for her new and increased scrutiny of the turnaround time in which dispute cases are completed, is contradicted by both the current PMAP standards and her own prior statements, to include her own testimony under oath on August 27, 2021, during the EEOC Hearing for my first EEO complaint. Thus, **her position is completely unsupported by facts and applicable law.**

Accordingly, I reasonably believe Ms. Nganga-Good's increased scrutiny of these work tasks is being **done in effort to substantiate an illegitimate lower performance rating, take a prohibited personnel action against me**; thus, amounts to Abuse of Authority, as defined by the Office of Special Counsel.

I will do my work as fast as I can. The faster that the Agency will stop retaliating against me, the faster I can get my work done.

d. Threat of Lower Performance Rating by Ms. Nganga-Good is Based on Illegitimate Reasons, Amounts to Prohibited Personnel Action

Following Ms. Nganga-Good's retaliatory scrutiny of my work as described above, her November 2, 2022, email alleges "[my] performance is not meeting expectations" and that its "not acceptable given [my] GS-13 grade level" and threatens that my "PMAP rating could be impacted".

Ms. Nganga-Good's rationale is not legally supported, by law or facts, and completely unjustified as further explained.

Ms. Nganga-Good's November 2, 2022, email attempts to support her position by referencing a "Counseling Memorandum dated April 19, 2022" that she issued to me only hours after learning my EEO-activity that day, in I followed up with the status of my current EEO complaint with the Agency. This is further explained in an April 25, 2022 emailed reply I sent to her, which I carbon copied you on.

Ms. Nganga-Good alleges that "[my] work assignments are often untimely and [I] often fail to update [her] appropriately" and that "[she] often [has] to remind [me] or follow up frequently before [I] finally take action". There is no evidence that suggests I am performing my work tasks any differently from last year in which I was rated as "surpassing performance expectations". There is also substantial evidence, all, or most, which has been provided to you, that **any potential decrease in my work performance is a result of the overwhelming amount of retaliatory harassment and discrimination** I've experienced from Ms. Nganga-Good.

Uncontroverted evidence establishes that I have proven record of surpassing performance expectations annually at the Agency. In fact, **I have surpassed performance expectations each year, for the eleven years of my federal employment, since 2010.**

If Ms. Nganga-Good and/or the Agency proceeds with the threat of giving me a lower performance rating, I believe an authoritative body will easily conclude that the relevant evidence in this matter establishes there is pretext to mask discrimination/retaliation, and my previous protected disclosures and EEO-activity are at the minimum, contributing factors in the decision.

As I understand prior decisions by the Merits Systems Protection Board and Office of Special Counsel, a lower performance rating and/or change in GS grade level, is undisputedly considered a personnel action that is prohibited, if it occurred as a result of protected activity and/or protected disclosures. In fact, Ms. Nganga-Good's November 2, 2022, threat of giving me a lower performance rating, on its own, amounts to a prohibited personnel practice pursuant to 5 U.S.C. 2302(b)(8).

II. ESCALATION OF NEW INCIDENTS OF RETALIATION BY SECOND-LEVEL SUPERVISOR

e. Background regarding Reprisal by Melissa Moore

In addition to the facts, I cited in my **October 4th, October 5th, October 20th, 2022, and October 27, 2022,** emailed communications regarding the September 21, 2022, Leave Restriction and Telework Suspension, it is evident by over 25 emailed communications between Ms. Moore, and/or the Agency and myself, that during the last three years since May of 2019, the following events also occurred:

1. Ms. Moore has been aware of my protected EEO-activity and protected disclosures since May of 2019.
2. This includes a protected disclosure on or around March-April of 2020, in which I alleged that Ms. Moore had abused her authority, as defined by the Office of Special Counsel.

3. Ms. Moore was well aware, beginning on or around February of 2020, that I needed a reasonable accommodation (RA).
4. Shortly following my protected disclosure alleging Abuse of Authority in March-April of 2020, I was denied a reasonable accommodation on or around April 24, 2020, through the use of a misrepresented medical review.
5. Ms. Moore is aware that I've asserted I was illegitimately denied a reasonable accommodation, as well as the undisputed facts that have led me to form that conclusion.
6. The medical information I provided to the Agency on or around February 2020, for the purposes of obtaining a reasonable accommodation, was negligently distributed by the Agency to Human Resources Office, and later weaponized against me in attempt to misrepresent my ability to perform my job. My medical information was misused against me in attempt to further retaliate against me and discredit my claims of unlawful harassment and retaliation.
7. Ms. Melissa Moore and the Agency is well aware of all aforementioned events.
8. You and/or the Agency have been made aware of these events, as all related emails and documents have been provided to the Agency in one form or another.

f. Threat of Prohibited Personnel Action, AWOL, by Ms. Melissa Moore

Despite the facts cited in my related October 2022 emailed correspondence, and the ones above, Ms. Moore threatened on October 27, 2022, that she is "charging [me] with AWOL for 2 hours on September 28, and 8 hours on September 29." ***See attached.***

As I understand applicable law and preceding decisions by the Merits Systems Protection Board (MSPB), the denial of leave, placement on AWOL, and any decision concerning pay is, undisputedly, a covered personnel action. Thus, prohibited when surrounding facts establish that it occurred due to protected activity or a protected disclosure, or for a prohibited reason. See *Arauz v. DOJ, 89 MSPR 529 (2001)*, *Coons v. Dept. of Treasury, 85 MSPR 631 (2000)*, and *Lawley v. Dept. of Treasury, 84 MSPR 253, 259, (1999)*.

Given the surrounding circumstances and large volume of documentation around this matter, I believe the relevant facts easily establish that Ms. Moore's threat of AWOL is clearly due to a prohibited reason, in violation of the Merits Systems Principles and 5 USC 2302.

III. CONCLUSION

As my fourth-level supervisor(s), I am escalating these concerns of retaliation and discrimination to you, with the understanding that my higher-level supervisors have a legal and ethical obligation to take appropriate action on these concerns and stop retaliatory harassment and discrimination from occurring. I respectfully request that you address these issues and put a stop to the retaliation and discrimination that I am experiencing.

To summarize, I **believe these actions by Carolyn Nganga-Good and Melissa Moore are intended**

to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws. Please also take notice that I believe

these actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I'm being treated differently by the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated by the Agency because I have a disability (perceived or otherwise).

-

For our records, this email by me is an attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, **I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties if necessary.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (BHW)

☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Wednesday, November 2, 2022 3:13 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>

Subject: Dispute Cases Follow up

Importance: High

Hi Claudia,

What is the status of your two dispute cases? The last update from you on Oct 5th was that you'd have both of them done by October 21st. As of today, I have not gotten the drafts for review or any updates despite sending you a reminder on October 18th. **Please advise the status of these cases by Noon tomorrow, November 3rd and have them completed and sent to peer review no later than COB this Friday, November 4th.**

-

I am notifying you again that your performance is not meeting expectations. I outlined my concerns

numerous times as well as in the Counseling Memorandum dated April 19, 2022, that I issued you. These two cases have been in your queue since March 24, 2022 and June 24, 2022 with little progress. Your work assignments are often untimely and you often fail to update me appropriately. Of additional concern is that I often have to remind you or follow up frequently before you finally take action. This is not acceptable given your GS-13 grade level. If your performance continues in this manner your PMAP rating could be impacted. I expect immediate improvement.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



SENT VIA EMAIL TO: Moore, Melissa (HRSA) MMoore1@hrsa.gov ; Gaskill, Sheena (HRSA) SGaskill@hrsa.gov ; Loewenstein, David (HRSA) DLoewenstein@hrsa.gov ; Padilla, Luis (HRSA) LPadilla@hrsa.gov ; Pradia-Williams, Sheila (HRSA) SPradia-Williams@hrsa.gov ; Johnson, Carole (HRSA) Carole.Johnson@hrsa.gov ; Ganey, Catherine (HRSA) CGaney@hrsa.gov ; Grossman, Jordan (HRSA) JGrossman@hrsa.gov ; Espinosa, Diana (HRSA) DEspinosa@hrsa.gov ; Kadingo, Wendy (HRSA) WKadingo@hrsa.gov ; Ali, Shontae (HRSA) [SAlI@hrsa.gov](mailto:SAli@hrsa.gov) ; Colbert, Dale (HRSA) DColbert@hrsa.gov ; Lee, Kelli (HRSA) KLee@hrsa.gov ; Archeval, Anthony (HRSA) AArcheval@hrsa.gov ; Toledo, Oscar (HRSA) OToledo@hrsa.gov ; Nganga-Good, Carolyn (HRSA) cnganga-good@hrsa.gov ; Dixon, Alexandra (HHS/OGC) Alexandra.Dixon@hhs.gov ; Te, Christy (HHS/OGC) Christy.Te@hhs.gov ; Ponton, Wendy (HRSA)

Date: **November 3, 2022**

To: **David Loewenstein, DPDB Director**

& Above-Named Recipients

Subject: **New Incidents on October 27, 2022, and November 2, 2022, of Unlawful Retaliation for EEO-Activity, Protected Opposition, and Protected Whistleblower Disclosures, By Carolyn Nganga-Good, Policy & Disputes Branch Chief and Melissa Moore, DPDB Deputy Director**

From: **Claudia Rausch
Management Analyst, BHW, DPDB, Policy & Disputes Branch**

Dear Mr. David Loewenstein:

Previous attempts to reach resolution and communicate concerns of unlawful retaliation directly with my first-level supervisor, Carolyn Nganga-Good and second-level supervisor, Melissa Moore, have been unsuccessful.

Accordingly, **I am escalating concerns of the most recent incident(s) of retaliation by Ms. Nganga-Good and Ms. Moore, directly to you**, in attempt to provide the Agency with an opportunity to address such matters in accordance with applicable law and exhaust any available resources that may be available to me by the Agency. If there is another management official that I should be reporting the retaliatory harassment I've experienced from Ms. Nganga-Good and Ms. Melissa Moore, please advise. In the interest of everyone's time, I have carbon copied the Agency's counsel in the matter involving my two formal EEO complaints, on this correspondence. I have also included the Agency's Human Resources office and other managers in my chain of command, in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to consider legal action against any accountable parties.

If I continue to experience retaliation by Ms. Nganga-Good and Ms. Moore, or if Ms. Nganga-Good and Ms. Moore move forward with taking the threatened retaliatory actions and prohibited personnel actions against me; I will have no choice but to name you as the Responsible Management Official(s)

("RMO(s)") in these new EEO claims and any related report to the Office of Special Counsel ("OSC"), or a potential request for corrective action from the OSC, or related activity.

I. ESCALATION OF NEW INCIDENTS OF RETALIATION BY FIRST-LEVEL SUPERVISOR

a. Background

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1. I've participated in continuous protected EEO activities and protected opposition from May of 2019, till present.
2. I've participated in whistleblowing activity and have made several protected disclosures from on or around March 2020, till present.
3. Ms. Nganga-Good has known of my protected-activity since May of 2020.
4. I have alleged that Ms. Nganga-Good has retaliated against me on at least ten occasions this year in 2022.
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b. Misrepresentations of Verbal Communications regarding Work Tasks (Dispute Cases) by Ms. Nganga-Good made on October 17, 2022, and November 2, 2022.

On October 17, 2022, and November 3, 2022, Ms. Nganga-Good's misrepresents a verbal meeting she had with me, in what appears to be an attempt reconstrue the facts in furtherance of illegitimately attacking my performance. Specifically, she stated on October 17, 2022 "Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week" and "The last update from you on Oct 5th was that you'd have both of them done by October 21st." ***Please see November 2, 2022, email from Ms. Nganga-Good attached.***

Contrary to Ms. Nganga-Good's assertion, I did not state I would have both dispute cases done by October 21, 2022. I stated I would do my best to have these cases done as fast as I can. Notably, I am not the only employee reporting to Ms. Nganga-Good, who has participated in protected activity, and has alleged that Ms. Nganga-Good has misrepresented verbal conversations for the purposes of furthering unlawful retaliation.

c. Increased Scrutiny of Work and Attempts to Sabotage My Work Progress by Overwhelming Me with Retaliatory Actions, by Ms. Nganga-Good

With regards to the two dispute cases referenced by Ms. Nganga-Good in her November 2, 2022, email, my progress of working on these tasks over the past two months, has been repeatedly **disrupted by Ms. Nganga-Good's efforts to overwhelm me with retaliatory actions**, as evident by the numerous emails I have carbon copied you on over the past year.

Even if this weren't the case, my turnaround time for completing these tasks is no different or worse from last year, in which my performance with the Agency was rated as exceeding performance

expectations. Ms. Nganga-Good's rationale for her new and increased scrutiny of the turnaround time in which dispute cases are completed, is contradicted by both the current PMAP standards and her own prior statements, to include her own testimony under oath on August 27, 2021, during the EEOC Hearing for my first EEO complaint. Thus, **her position is completely unsupported by facts and applicable law.**

Accordingly, I reasonably believe Ms. Nganga-Good's increased scrutiny of these work tasks is being **done in effort to substantiate an illegitimate lower performance rating, take a prohibited personnel action against me;** thus, amounts to Abuse of Authority, as defined by the Office of Special Counsel.

I will do my work as fast as I can. The faster that the Agency will stop retaliating against me, the faster I can get my work done.

d. Threat of Lower Performance Rating by Ms. Nganga-Good is Based on Illegitimate Reasons, Amounts to Prohibited Personnel Action

Following Ms. Nganga-Good's retaliatory scrutiny of my work as described above, her November 2, 2022, email alleges "[my] performance is not meeting expectations" and that its "not acceptable given [my] GS-13 grade level" and threatens that my "PMAP rating could be impacted". **Ms. Nganga-Good's rationale is not legally supported, by law or facts, and completely unjustified as further explained.**

Ms. Nganga-Good's November 2, 2022, email attempts to support her position by referencing a "Counseling Memorandum dated April 19, 2022" that she issued to me only hours after learning my EEO-activity that day, in I followed up with the status of my current EEO complaint with the Agency. This is further explained in an April 25, 2022 emailed reply I sent to her, which I carbon copied you on.

Ms. Nganga-Good alleges that "[my] work assignments are often untimely and [I] often fail to update [her] appropriately" and that "[she] often [has] to remind [me] or follow up frequently before [I] finally take action". There is no evidence that suggests I am performing my work tasks any differently from last year in which I was rated as "surpassing performance expectations". There is also substantial evidence, all, or most, which has been provided to you, that **any potential decrease in my work performance is a result of the overwhelming amount of retaliatory harassment and discrimination I've experienced from Ms. Nganga-Good.**

Uncontroverted evidence establishes that I have proven record of surpassing performance expectations annually at the Agency. In fact, **I have surpassed performance expectations each year, for the eleven years of my federal employment, since 2010.**

If Ms. Nganga-Good and/or the Agency proceeds with the threat of giving me a lower performance rating, I believe an authoritative body will easily conclude that the relevant evidence in this matter establishes there is pretext to mask discrimination/retaliation, and my previous protected disclosures and EEO-activity are at the minimum, contributing factors in the decision.

As I understand prior decisions by the Merits Systems Protection Board and Office of Special Counsel, a lower performance rating and/or change in GS grade level, is undisputedly considered a personnel action that is prohibited, if it occurred as a result of protected activity and/or protected disclosures. In fact, Ms. Nganga-Good's November 2, 2022, threat of giving me a lower performance rating, on its own, amounts to a prohibited personnel practice pursuant to 5 U.S.C. 2302(b)(8).

II. ESCALATION OF NEW INCIDENTS OF RETALIATION BY SECOND-LEVEL SUPERVISOR

e. Background regarding Reprisal by Melissa Moore

In addition to the facts, I cited in my October 4th, October 5th, October 20th, 2022, and October 27, 2022, emailed communications regarding the September 21, 2022, Leave Restriction and Telework Suspension, it is evident by over 25 emailed communications between Ms. Moore, and/or the Agency and myself, that during the last three years since May of 2019, the following events also occurred:

1. Ms. Moore has been aware of my protected EEO-activity and protected disclosures since May of 2019.
2. This includes a protected disclosure on or around March-April of 2020, in which I alleged that Ms. Moore had abused her authority, as defined by the Office of Special Counsel.
3. Ms. Moore was well aware, beginning on or around February of 2020, that I needed a reasonable accommodation (RA).
4. Shortly following my protected disclosure alleging Abuse of Authority in March-April of 2020, I was denied a reasonable accommodation on or around April 24, 2020, through the use of a misrepresented medical review.
5. Ms. Moore is aware that I've asserted I was illegitimately denied a reasonable accommodation, as well as the undisputed facts that have led me to form that conclusion.
6. The medical information I provided to the Agency on or around February 2020, for the purposes of obtaining a reasonable accommodation, was negligently distributed by the Agency to Human Resources Office, and later weaponized against me in attempt to misrepresent my ability to perform my job. My medical information was misused against me in attempt to further retaliate against me and discredit my claims of unlawful harassment and retaliation.
7. Ms. Melissa Moore and the Agency is well aware of all aforementioned events.
8. You and/or the Agency have been made aware of these events, as all related emails and documents have been provided to the Agency in one form or another.

f. Threat of Prohibited Personnel Action, AWOL, by Ms. Melissa Moore

Despite the facts cited in my related October 2022 emailed correspondence, and the ones above, Ms. Moore threatened on October 27, 2022, that she is "charging [me] with AWOL for 2 hours on September 28, and 8 hours on September 29." ***See attached.***

As I understand applicable law and preceding decisions by the Merits Systems Protection Board (MSPB), the denial of leave, placement on AWOL, and any decision concerning pay is, undisputedly, a covered personnel action. Thus, prohibited when surrounding facts establish that it occurred due to protected activity or a protected disclosure, or for a prohibited reason. See Arauz v. DOJ, 89 MSPR 529 (2001), Coons v. Dept. of Treasury, 85 MSPR 631 (2000), and Lawley v. Dept. of Treasury, 84 MSPR 253, 259, (1999).

Given the surrounding circumstances and large volume of documentation around this matter, I believe the relevant facts easily establish that Ms. Moore's threat of AWOL is clearly due to a prohibited reason, in violation of the Merits Systems Principles and 5 USC 2302.

III. CONCLUSION

As my third-level supervisor, I am escalating these concerns of retaliation and discrimination to you, with the understanding that my higher-level supervisors have a legal and ethical obligation to take appropriate action on these concerns and stop retaliatory harassment and discrimination from occurring. I respectfully request that you address these issues and put a stop to the retaliation and discrimination that I am experiencing.

To summarize, I **believe these actions by Carolyn Nganga-Good and Melissa Moore are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws.** Please also take notice that I believe these actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I'm being treated differently by the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated by the Agency because I have a disability (perceived or otherwise).

For our records, this email by me is an attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, **I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties if necessary.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

From: [Nganga-Good, Carolyn \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Cc: [Moore, Melissa \(HRSA\)](#)
Subject: Dispute Cases Follow up
Date: Wednesday, November 2, 2022 3:13:23 PM
Importance: High

Hi Claudia,

What is the status of your two dispute cases? The last update from you on Oct 5th was that you'd have both of them done by October 21st. As of today, I have not gotten the drafts for review or any updates despite sending you a reminder on October 18th. **Please advise the status of these cases by Noon tomorrow, November 3rd and have them completed and sent to peer review no later than COB this Friday, November 4th.**

-

I am notifying you again that your performance is not meeting expectations. I outlined my concerns numerous times as well as in the Counseling Memorandum dated April 19, 2022, that I issued you. These two cases have been in your queue since March 24, 2022 and June 24, 2022 with little progress. Your work assignments are often untimely and you often fail to update me appropriately. Of additional concern is that I often have to remind you or follow up frequently before you finally take action. This is not acceptable given your GS-13 grade level. If your performance continues in this manner your PMAP rating could be impacted. I expect immediate improvement.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Moore, Melissa \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Cc: [Nganga-Good, Carolyn \(HRSA\)](#)
Subject: RE: Out sick
Date: Thursday, October 27, 2022 2:41:51 PM

Claudia,

Per the leave restriction, and the reminder from Carolyn below, you must provide acceptable documentation for your leave request. Given the absence of such documentation, I am charging you with AWOL for 2 hours on September 28, and 8 hours on September 29.

Melissa B. Moore, MSW, MBA

Deputy Director, Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
(301) 945-3332



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Thursday, October 27, 2022 12:27 AM
To: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Cc: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>; Gaskill, Sheena (HRSA) <SGaskill@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Toledo, Oscar (HRSA) <OToledo@hrsa.gov>; Ponton, Wendy (HRSA) <WPonton@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Subject: RE: Out sick

Hi Melissa,

Please see my reply to you attached. For your convenience, its also copied into the body of this email as follows:

My apologies for the delay, I was experiencing computer issues and technical difficulties. In response to your October 26, 2022 follow-up regarding my September 28th and September 29th use of leave, and the September 21, 2022 Leave Restriction, **please consider my October 4th, October 5th, and October 20th, 2022 replies and emails to Carolyn Nganga-Good, you and the Agency, as responsive to your October 26, 2022 Follow-up and any future follow-ups from you or the Agency regarding the September 21, 2022 Leave Restriction and Telework Suspension. Also attached.** I

never received clarification from you or the Agency regarding any of my questions or concerns explained in those three communications.

For our records, the leave I used on September 28th and 29th, 2022, was already approved, as evident by the timekeeping records in ITAS. As I understand applicable case law, your threat of AWOL amounts to a prohibited personnel practice (“PPP”) in violation of 5 USC §2302(b)(8) and 5 USC §2302(b)(9)(A)(i), (b)(9)(B), (B)(9)(C), and (B)(9)(D).

As established by our prior communications, referenced above, you and the Agency do not dispute my explanation of the surrounding facts and applicable law, that I referenced in either of those communications, or any of the previous related communications regarding this matter, correct? This includes but is not limited to, my annual leave use during my entire employment at the Agency, my reasonable accommodation needs, my fear of retaliation for protected whistleblowing activity and EEO-activity, the Agency’s misuse of my medical information for the purposes of furthering discrimination and retaliation, the Agency’s failure to accommodate under the guise of a misrepresented medical opinion, and the Agency’s continued failure to adequately address harassment. Accordingly, I reasonably believe that a fact finder with authority to enforce the applicable Merits Systems Principles and take corrective action against your October 26, 2022 threat of AWOL will form the same conclusion as I have.

Accordingly, **please take notice** of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, please take notice that **I intend to pursue legal action against you and all accountable parties to the fullest extent allowed by law, in response to your October 26, 2022 threat to commit a prohibited personnel action against me.**

I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws. Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I’m being treated differently by you and the Agency because I’m a Hispanic, Mexican-American Female. I also believe I’m being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

Any perceived resistance from me in response to the unlawful instructions provided in the September 21, 2022 Leave Restriction and follow-up by you and/or the Agency, is at most, an attempt by me to oppose unlawful retaliatory actions by the Agency, protect myself from danger and irreparable harm, use a reasonable accommodation (RA) I’m entitled by law to use despite the Agency’s previous denials of an RA; and not an attempt of misconduct.

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, I

have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Sent: Wednesday, October 26, 2022 12:55 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Subject: RE: Out sick

Claudia,

In Carolyn's absence, I am following up on her message to you below regarding your use of leave on September 28 and 29, 2022. The leave restriction, issued to you on September 21, 2022 outlines the following requirements:

"Unscheduled, emergency leave (AL, LWOP and SL)

Unscheduled or emergency leave is leave requested in the event you are unable to report for duty due to medical incapacitation or other unforeseen emergency circumstances.

- If the leave requested is for emergency or unscheduled medical reasons such as illness or incapacitation, you must provide me acceptable documentation in order for it to be approved. You may be asked to bring acceptable documentation for approval of unscheduled leave, such as for household or other personal emergencies...
- If the leave requested is for unscheduled medical, dental, incapacitation or treatment, whether it's AL or SL, you must provide an acceptable medical certificate that is signed and dated by your medical provider and indicates that you were undergoing examination or treatment and the dates and timeframes of that examination or treatment. You must

return that certification to me immediately upon your return to duty. Failure to provide acceptable documentation upon your return to duty may result in AWOL. I will determine if the certificate is acceptable.

- **Emergency or unanticipated absences will not be approved if acceptable documentation is not received** as requested and will be recorded as (AWOL) pending submission of acceptable evidence of the medical or other non-medical emergency immediately upon your return to duty.
- In order to have AWOL charges for any absence due to medical incapacitation changed to approved leave, you must furnish acceptable (to me) medical documentation from your health care provider for any absence due to incapacitation, regardless of the length of absence. Such documentation must be furnished to me immediately upon your return to duty and must include a statement from your health care provider specifying that because of your medical condition, you were precluded from traveling to and from work, being at work, and/or performing the tasks and duties of your job, or were required, for good medical reason, to undergo medical evaluation or treatment that could not have been scheduled at another time so that you could have requested leave in advance. I will determine if the documentation is acceptable.”

I am not aware of any acceptable documentation from you to support your Sept. 28 or 29th leave requests. If you submitted documentation to Carolyn, please forward me that communication. **If I do not receive your documentation by 6pm today, October 26, 2022 – you will be marked as AWOL for your leave on September 28 (partial day) and September 29, 2022 (all day).**

Melissa B. Moore, MSW, MBA

Deputy Director, Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
(301) 945-3332



-----Original Message-----

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Thursday, September 29, 2022 9:38 AM
To: Claudia Marie Rausch <claudiamarausch@hotmail.com>; Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: RE: Out sick

Hi Claudia,

Thanks for the notification. Hope you feel better. I will be on the lookout for the ITAS request.

Please note that per your leave restriction notice, you must provide me acceptable documentation upon your return to duty in order for the leave to be approved.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Claudia Marie Rausch <claudiamarauschk@hotmail.com>
Sent: Thursday, September 29, 2022 9:10 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: [EXTERNAL] Re: Out sick

Good morning Carolyn,

Just wanted to let you know I'm still not feeling well and will be out sick today as well. I will update my ITAS record with SL and the 2 hours of credit leave I have as soon as I have a chance to log in to the system.

Thank you,

Claudia Rausch

> On Sep 28, 2022, at 2:40 PM, Rausch, Claudia (HRSA) <CRausch@hrsa.gov> wrote:

>

> Hi Carolyn,

>

> I'm not feeling well and will be out sick for the remainder of the day.

>

> I have already updated ITAS with my sick leave request.

>
> Thanks,
>
> Claudia Rausch
> Management Analyst
> Policy and Disputes Branch
> National Practitioner Data Bank
> HHS | HRSA | Bureau of Health Workforce (BHW)
>): 301-945-3059| 3: crausch@hrsa.gov
>
> BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.
>
>

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

SENT VIA EMAIL TO: Moore, Melissa (HRSA) MMoore1@hrsa.gov ; Gaskill, Sheena (HRSA) SGaskill@hrsa.gov ; Loewenstein, David (HRSA) DLoewenstein@hrsa.gov ; Padilla, Luis (HRSA) LPadilla@hrsa.gov ; Pradia-Williams, Sheila (HRSA) SPradia-Williams@hrsa.gov ; Johnson, Carole (HRSA) Carole.Johnson@hrsa.gov ; Ganey, Catherine (HRSA) CGaney@hrsa.gov ; Grossman, Jordan (HRSA) JGrossman@hrsa.gov ; Espinosa, Diana (HRSA) DEspinosa@hrsa.gov ; Kadingo, Wendy (HRSA) WKadingo@hrsa.gov ; Ali, Shontae (HRSA) [SAlI@hrsa.gov](mailto:SAli@hrsa.gov) ; Colbert, Dale (HRSA) DColbert@hrsa.gov ; Lee, Kelli (HRSA) KLee@hrsa.gov ; Archeval, Anthony (HRSA) AArcheval@hrsa.gov ; Toledo, Oscar (HRSA) OToledo@hrsa.gov ; Nganga-Good, Carolyn (HRSA) cnganga-good@hrsa.gov ; Dixon, Alexandra (HHS/OGC) Alexandra.Dixon@hhs.gov ; Te, Christy (HHS/OGC) Christy.Te@hhs.gov ; Ponton, Wendy (HRSA)

Date: **November 3, 2022**

To: **Dr. Luis Padilla, BHW Associate Administrator
Sheila Pradia-Williams, BHW Deputy Administrator**

& Above-Named Recipients

Subject: **New Incidents on October 27, 2022, and November 2, 2022, of Unlawful Retaliation for EEO-Activity, Protected Opposition, and Protected Whistleblower Disclosures, By Carolyn Nganga-Good, Policy & Disputes Branch Chief and Melissa Moore, DPDB Deputy Director**

From: **Claudia Rausch
Management Analyst, BHW, DPDB, Policy & Disputes Branch**

Dear Dr. Luis Padilla and Ms. Sheila Pradia-Williams:

Previous attempts to reach resolution and communicate concerns of unlawful retaliation directly with my first-level supervisor, Carolyn Nganga-Good and second-level supervisor, Melissa Moore, have been unsuccessful. Previous efforts to gain support from Ms. Moore's first-level supervisor, Mr. David Loewenstein, and Kelli Lee, BHW's Labor and Employment (LER) Specialist, with regards to responding to and acting on retaliation, discrimination, and harassment have also proven to be unreliable.

Accordingly, **I am escalating concerns of the most recent incident(s) of retaliation by Ms. Nganga-Good and Ms. Moore, directly to you**, in attempt to provide the Agency with an opportunity to address such matters in accordance with applicable law and exhaust any available resources that may be available to me by the Agency. If there is another management official that I should be reporting the retaliatory harassment I've experienced from Ms. Nganga-Good and Ms. Melissa Moore, please advise. In the interest of everyone's time, I have carbon copied the Agency's counsel in the matter involving my two formal EEO complaints, on this correspondence. I have also included the Agency's Human Resources office and other managers in my chain of command, in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to consider legal action against any accountable parties.

If I continue to experience retaliation by Ms. Nganga-Good and Ms. Moore, or if Ms. Nganga-Good and Ms. Moore move forward with taking the threatened retaliatory actions and prohibited personnel actions against me; I will have no choice but to name you as the Responsible Management Official(s) (“RMO(s)”) in these new EEO claims and any related report to the Office of Special Counsel (“OSC”), or a potential request for corrective action from the OSC, or related activity.

I. ESCALATION OF NEW INCIDENTS OF RETALIATION BY FIRST-LEVEL SUPERVISOR

a. Background

As evident by over 19 emails between Ms. Nganga-Good and myself over the last year, all which you and the Agency have been carbon copied, the following events relevant to this matter, are established by surrounding facts and written records:

1. I’ve participated in continuous protected EEO activities and protected opposition from May of 2019, till present.
2. I’ve participated in whistleblowing activity and have made several protected disclosures from on or around March 2020, till present.
3. Ms. Nganga-Good has known of my protected-activity since May of 2020.
4. I have alleged that Ms. Nganga-Good has retaliated against me on at least ten occasions this year in 2022.
5. Ms. Nganga-Good’s adverse treatment of me has occurred in close proximity after she has learned about my protected EEO activity and protected disclosures.

b. Misrepresentations of Verbal Communications regarding Work Tasks (Dispute Cases) by Ms. Nganga-Good made on October 17, 2022, and November 2, 2022.

On October 17, 2022, and November 3, 2022, Ms. Nganga-Good’s misrepresents a verbal meeting she had with me, in what appears to be an attempt reconstrue the facts in furtherance of illegitimately attacking my performance. Specifically, she stated on October 17, 2022 “Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week” and “The last update from you on Oct 5th was that you’d have both of them done by October 21st.” ***Please see November 2, 2022, email from Ms. Nganga-Good attached.***

Contrary to Ms. Nganga-Good’s assertion, I did not state I would have both dispute cases done by October 21, 2022. I stated I would do my best to have these cases done as fast as I can. Notably, I am not the only employee reporting to Ms. Nganga-Good, who has participated in protected activity, and has alleged that Ms. Nganga-Good has misrepresented verbal conversations for the purposes of furthering unlawful retaliation.

c. Increased Scrutiny of Work and Attempts to Sabotage My Work Progress by Overwhelming Me with Retaliatory Actions, by Ms. Nganga-Good

With regards to the two dispute cases referenced by Ms. Nganga-Good in her November 2, 2022, email, my progress of working on these tasks over the past two months, has been repeatedly disrupted by Ms. Nganga-Good’s efforts to overwhelm me with retaliatory actions, as evident by the numerous emails I have carbon copied you on over the past year.

Even if this weren't the case, my turnaround time for completing these tasks is no different or worse from last year, in which my performance with the Agency was rated as exceeding performance expectations. Ms. Nganga-Good's rationale for her new and increased scrutiny of the turnaround time in which dispute cases are completed, is contradicted by both the current PMAP standards and her own prior statements, to include her own testimony under oath on August 27, 2021, during the EEOC Hearing for my first EEO complaint. Thus, **her position is completely unsupported by facts and applicable law.**

Accordingly, I reasonably believe Ms. Nganga-Good's increased scrutiny of these work tasks is being **done in effort to substantiate an illegitimate lower performance rating, take a prohibited personnel action against me;** thus, amounts to Abuse of Authority, as defined by the Office of Special Counsel.

I will do my work as fast as I can. The faster that the Agency will stop retaliating against me, the faster I can get my work done.

d. Threat of Lower Performance Rating by Ms. Nganga-Good is Based on Illegitimate Reasons, Amounts to Prohibited Personnel Action

Following Ms. Nganga-Good's retaliatory scrutiny of my work as described above, her November 2, 2022, email alleges "[my] performance is not meeting expectations" and that its "not acceptable given [my] GS-13 grade level" and threatens that my "PMAP rating could be impacted". **Ms. Nganga-Good's rationale is not legally supported, by law or facts, and completely unjustified as further explained.**

Ms. Nganga-Good's November 2, 2022, email attempts to support her position by referencing a "Counseling Memorandum dated April 19, 2022" that she issued to me only hours after learning my EEO-activity that day, in I followed up with the status of my current EEO complaint with the Agency. This is further explained in an April 25, 2022 emailed reply I sent to her, which I carbon copied you on.

Ms. Nganga-Good alleges that "[my] work assignments are often untimely and [I] often fail to update [her] appropriately" and that "[she] often [has] to remind [me] or follow up frequently before [I] finally take action". There is no evidence that suggests I am performing my work tasks any differently from last year in which I was rated as "surpassing performance expectations". There is also substantial evidence, all, or most, which has been provided to you, that **any potential decrease in my work performance is a result of the overwhelming amount of retaliatory harassment and discrimination I've experienced from Ms. Nganga-Good.**

Uncontroverted evidence establishes that I have proven record of surpassing performance expectations annually at the Agency. In fact, **I have surpassed performance expectations each year, for the eleven years of my federal employment, since 2010.**

If Ms. Nganga-Good and/or the Agency proceeds with the threat of giving me a lower performance rating, I believe an authoritative body will easily conclude that the relevant evidence in this matter establishes there is pretext to mask discrimination/retaliation, and my previous protected disclosures and EEO-activity are at the minimum, contributing factors in the decision.

As I understand prior decisions by the Merits Systems Protection Board and Office of Special Counsel, a lower performance rating and/or change in GS grade level, is undisputedly considered a personnel action that is prohibited, if it occurred as a result of protected activity and/or protected disclosures. In

fact, Ms. Nganga-Good's November 2, 2022, threat of giving me a lower performance rating, on its own, amounts to a prohibited personnel practice pursuant to 5 U.S.C. 2302(b)(8).

II. ESCALATION OF NEW INCIDENTS OF RETALIATION BY SECOND-LEVEL SUPERVISOR

e. Background regarding Reprisal by Melissa Moore

In addition to the facts, I cited in my October 4th, October 5th, October 20th, 2022, and October 27, 2022, emailed communications regarding the September 21, 2022, Leave Restriction and Telework Suspension, it is evident by over 25 emailed communications between Ms. Moore, and/or the Agency and myself, that during the last three years since May of 2019, the following events also occurred:

1. Ms. Moore has been aware of my protected EEO-activity and protected disclosures since May of 2019.
2. This includes a protected disclosure on or around March-April of 2020, in which I alleged that Ms. Moore had abused her authority, as defined by the Office of Special Counsel.
3. Ms. Moore was well aware, beginning on or around February of 2020, that I needed a reasonable accommodation (RA).
4. Shortly following my protected disclosure alleging Abuse of Authority in March-April of 2020, I was denied a reasonable accommodation on or around April 24, 2020, through the use of a misrepresented medical review.
5. Ms. Moore is aware that I've asserted I was illegitimately denied a reasonable accommodation, as well as the undisputed facts that have led me to form that conclusion.
6. The medical information I provided to the Agency on or around February 2020, for the purposes of obtaining a reasonable accommodation, was negligently distributed by the Agency to Human Resources Office, and later weaponized against me in attempt to misrepresent my ability to perform my job. My medical information was misused against me in attempt to further retaliate against me and discredit my claims of unlawful harassment and retaliation.
7. Ms. Melissa Moore and the Agency is well aware of all aforementioned events.
8. You and/or the Agency have been made aware of these events, as all related emails and documents have been provided to the Agency in one form or another.

f. Threat of Prohibited Personnel Action, AWOL, by Ms. Melissa Moore

Despite the facts cited in my related October 2022 emailed correspondence, and the ones above, Ms. Moore threatened on October 27, 2022, that she is "charging [me] with AWOL for 2 hours on September 28, and 8 hours on September 29." ***See attached.***

As I understand applicable law and preceding decisions by the Merits Systems Protection Board (MSPB), the denial of leave, placement on AWOL, and any decision concerning pay is, undisputedly, a covered personnel action. Thus, prohibited when surrounding facts establish that it occurred due to protected activity or a protected disclosure, or for a prohibited reason. See Arauz v. DOJ, 89 MSPR 529 (2001),

Coons v. Dept. of Treasury, 85 MSPR 631 (2000), and Lawley v. Dept. of Treasury, 84 MSPR 253, 259, (1999).

Given the surrounding circumstances and large volume of documentation around this matter, I believe the relevant facts easily establish that Ms. Moore's threat of AWOL is clearly due to a prohibited reason, in violation of the Merits Systems Principles and 5 USC 2302.

III. CONCLUSION

As my fourth-level supervisor(s), I am escalating these concerns of retaliation and discrimination to you, with the understanding that my higher-level supervisors have a legal and ethical obligation to take appropriate action on these concerns and stop retaliatory harassment and discrimination from occurring. I respectfully request that you address these issues and put a stop to the retaliation and discrimination that I am experiencing.

To summarize, **I believe these actions by Carolyn Nganga-Good and Melissa Moore are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws.** Please also take notice that I believe these actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I'm being treated differently by the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated by the Agency because I have a disability (perceived or otherwise).

For our records, this email by me is an attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, **I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties if necessary.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

From: [Nganga-Good, Carolyn \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Cc: [Moore, Melissa \(HRSA\)](#)
Subject: Dispute Cases Follow up
Date: Wednesday, November 2, 2022 3:13:23 PM
Importance: High

Hi Claudia,

What is the status of your two dispute cases? The last update from you on Oct 5th was that you'd have both of them done by October 21st. As of today, I have not gotten the drafts for review or any updates despite sending you a reminder on October 18th. **Please advise the status of these cases by Noon tomorrow, November 3rd and have them completed and sent to peer review no later than COB this Friday, November 4th.**

-

I am notifying you again that your performance is not meeting expectations. I outlined my concerns numerous times as well as in the Counseling Memorandum dated April 19, 2022, that I issued you. These two cases have been in your queue since March 24, 2022 and June 24, 2022 with little progress. Your work assignments are often untimely and you often fail to update me appropriately. Of additional concern is that I often have to remind you or follow up frequently before you finally take action. This is not acceptable given your GS-13 grade level. If your performance continues in this manner your PMAP rating could be impacted. I expect immediate improvement.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Moore, Melissa \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Cc: [Nganga-Good, Carolyn \(HRSA\)](#)
Subject: RE: Out sick
Date: Thursday, October 27, 2022 2:41:51 PM

Claudia,

Per the leave restriction, and the reminder from Carolyn below, you must provide acceptable documentation for your leave request. Given the absence of such documentation, I am charging you with AWOL for 2 hours on September 28, and 8 hours on September 29.

Melissa B. Moore, MSW, MBA

Deputy Director, Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
(301) 945-3332



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Thursday, October 27, 2022 12:27 AM
To: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Cc: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>; Gaskill, Sheena (HRSA) <SGaskill@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Toledo, Oscar (HRSA) <OToledo@hrsa.gov>; Ponton, Wendy (HRSA) <WPonton@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Subject: RE: Out sick

Hi Melissa,

Please see my reply to you attached. For your convenience, its also copied into the body of this email as follows:

My apologies for the delay, I was experiencing computer issues and technical difficulties. In response to your October 26, 2022 follow-up regarding my September 28th and September 29th use of leave, and the September 21, 2022 Leave Restriction, **please consider my October 4th, October 5th, and October 20th, 2022 replies and emails to Carolyn Nganga-Good, you and the Agency, as responsive to your October 26, 2022 Follow-up and any future follow-ups from you or the Agency regarding the September 21, 2022 Leave Restriction and Telework Suspension. Also attached.** I

never received clarification from you or the Agency regarding any of my questions or concerns explained in those three communications.

For our records, the leave I used on September 28th and 29th, 2022, was already approved, as evident by the timekeeping records in ITAS. As I understand applicable case law, your threat of AWOL amounts to a prohibited personnel practice (“PPP”) in violation of 5 USC §2302(b)(8) and 5 USC §2302(b)(9)(A)(i), (b)(9)(B), (B)(9)(C), and (B)(9)(D).

As established by our prior communications, referenced above, you and the Agency do not dispute my explanation of the surrounding facts and applicable law, that I referenced in either of those communications, or any of the previous related communications regarding this matter, correct? This includes but is not limited to, my annual leave use during my entire employment at the Agency, my reasonable accommodation needs, my fear of retaliation for protected whistleblowing activity and EEO-activity, the Agency’s misuse of my medical information for the purposes of furthering discrimination and retaliation, the Agency’s failure to accommodate under the guise of a misrepresented medical opinion, and the Agency’s continued failure to adequately address harassment. Accordingly, I reasonably believe that a fact finder with authority to enforce the applicable Merits Systems Principles and take corrective action against your October 26, 2022 threat of AWOL will form the same conclusion as I have.

Accordingly, **please take notice** of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, please take notice that **I intend to pursue legal action against you and all accountable parties to the fullest extent allowed by law, in response to your October 26, 2022 threat to commit a prohibited personnel action against me.**

I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws. Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I’m being treated differently by you and the Agency because I’m a Hispanic, Mexican-American Female. I also believe I’m being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

Any perceived resistance from me in response to the unlawful instructions provided in the September 21, 2022 Leave Restriction and follow-up by you and/or the Agency, is at most, an attempt by me to oppose unlawful retaliatory actions by the Agency, protect myself from danger and irreparable harm, use a reasonable accommodation (RA) I’m entitled by law to use despite the Agency’s previous denials of an RA; and not an attempt of misconduct.

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, I

have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Sent: Wednesday, October 26, 2022 12:55 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Subject: RE: Out sick

Claudia,

In Carolyn's absence, I am following up on her message to you below regarding your use of leave on September 28 and 29, 2022. The leave restriction, issued to you on September 21, 2022 outlines the following requirements:

"Unscheduled, emergency leave (AL, LWOP and SL)

Unscheduled or emergency leave is leave requested in the event you are unable to report for duty due to medical incapacitation or other unforeseen emergency circumstances.

- If the leave requested is for emergency or unscheduled medical reasons such as illness or incapacitation, you must provide me acceptable documentation in order for it to be approved. You may be asked to bring acceptable documentation for approval of unscheduled leave, such as for household or other personal emergencies...
- If the leave requested is for unscheduled medical, dental, incapacitation or treatment, whether it's AL or SL, you must provide an acceptable medical certificate that is signed and dated by your medical provider and indicates that you were undergoing examination or treatment and the dates and timeframes of that examination or treatment. You must

return that certification to me immediately upon your return to duty. Failure to provide acceptable documentation upon your return to duty may result in AWOL. I will determine if the certificate is acceptable.

- **Emergency or unanticipated absences will not be approved if acceptable documentation is not received** as requested and will be recorded as (AWOL) pending submission of acceptable evidence of the medical or other non-medical emergency immediately upon your return to duty.
- In order to have AWOL charges for any absence due to medical incapacitation changed to approved leave, you must furnish acceptable (to me) medical documentation from your health care provider for any absence due to incapacitation, regardless of the length of absence. Such documentation must be furnished to me immediately upon your return to duty and must include a statement from your health care provider specifying that because of your medical condition, you were precluded from traveling to and from work, being at work, and/or performing the tasks and duties of your job, or were required, for good medical reason, to undergo medical evaluation or treatment that could not have been scheduled at another time so that you could have requested leave in advance. I will determine if the documentation is acceptable."

I am not aware of any acceptable documentation from you to support your Sept. 28 or 29th leave requests. If you submitted documentation to Carolyn, please forward me that communication. **If I do not receive your documentation by 6pm today, October 26, 2022 – you will be marked as AWOL for your leave on September 28 (partial day) and September 29, 2022 (all day).**

Melissa B. Moore, MSW, MBA

Deputy Director, Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
(301) 945-3332



-----Original Message-----

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Thursday, September 29, 2022 9:38 AM
To: Claudia Marie Rausch <claudiamarausch@hotmail.com>; Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: RE: Out sick

Hi Claudia,

Thanks for the notification. Hope you feel better. I will be on the lookout for the ITAS request.

Please note that per your leave restriction notice, you must provide me acceptable documentation upon your return to duty in order for the leave to be approved.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Claudia Marie Rausch <claudiamarausch@hotmail.com>
Sent: Thursday, September 29, 2022 9:10 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: [EXTERNAL] Re: Out sick

Good morning Carolyn,

Just wanted to let you know I'm still not feeling well and will be out sick today as well. I will update my ITAS record with SL and the 2 hours of credit leave I have as soon as I have a chance to log in to the system.

Thank you,

Claudia Rausch

> On Sep 28, 2022, at 2:40 PM, Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
> wrote:

>

> Hi Carolyn,

>

> I'm not feeling well and will be out sick for the remainder of the day.

>

> I have already updated ITAS with my sick leave request.

>
> Thanks,
>
> Claudia Rausch
> Management Analyst
> Policy and Disputes Branch
> National Practitioner Data Bank
> HHS | HRSA | Bureau of Health Workforce (BHW)
>): 301-945-3059| 3: crausch@hrsa.gov
>
> BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.
>
>

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

From: [ITAS](#)
To: [Rausch, Claudia \(HRSA\)](#)
Cc: [Nganga-Good, Carolyn \(HRSA\)](#)
Subject: Approval of Leave Request
Date: Monday, November 7, 2022 9:00:13 AM

Your request to use leave has been approved by Melissa Moore. A copy of this message will be sent to your Supervisor.

Leave Date	Type	Hours Requested
11/07/2022	SL	8

(4 rows affected)

Rausch, Claudia (HRSA)

From: Rausch, Claudia (HRSA)
Sent: Monday, November 28, 2022 4:56 AM
To: HRSA Reasonable Accommodation; HRSA Reasonable Accommodation; Slye-Griffin, Katherine (HRSA)
Cc: Moore, Melissa (HRSA); Loewenstein, David (HRSA); Padilla, Luis (HRSA); Pradia-Williams, Sheila (HRSA); Johnson, Carole (HRSA); Ganey, Catherine (HRSA); Grossman, Jordan (HRSA); Espinosa, Diana (HRSA); Kadingo, Wendy (HRSA); Ali, Shontae (HRSA); Colbert, Dale (HRSA); Lee, Kelli (HRSA); Archeval, Anthony (HRSA); Toledo, Oscar (HRSA); Nganga-Good, Carolyn (HRSA); Dixon, Alexandra (HHS/OGC); Te, Christy (HHS/OGC); Ponton, Wendy (HRSA)
Subject: RE: RA Case Communication: HRSA-2023-1884

Tracking:	Recipient	Delivery
	HRSA Reasonable Accommodation	Delivered: 11/28/2022 5:12 AM
	HRSA Reasonable Accommodation	
	Slye-Griffin, Katherine (HRSA)	
	Moore, Melissa (HRSA)	Delivered: 11/28/2022 5:12 AM
	Loewenstein, David (HRSA)	Delivered: 11/28/2022 5:12 AM
	Padilla, Luis (HRSA)	Delivered: 11/28/2022 5:12 AM
	Pradia-Williams, Sheila (HRSA)	Delivered: 11/28/2022 5:12 AM
	Johnson, Carole (HRSA)	Delivered: 11/28/2022 5:12 AM
	Ganey, Catherine (HRSA)	Delivered: 11/28/2022 5:12 AM
	Grossman, Jordan (HRSA)	Delivered: 11/28/2022 5:12 AM
	Espinosa, Diana (HRSA)	Delivered: 11/28/2022 5:12 AM
	Kadingo, Wendy (HRSA)	Delivered: 11/28/2022 5:12 AM
	Ali, Shontae (HRSA)	Delivered: 11/28/2022 5:12 AM
	Colbert, Dale (HRSA)	Delivered: 11/28/2022 5:12 AM
	Lee, Kelli (HRSA)	Delivered: 11/28/2022 5:12 AM
	Archeval, Anthony (HRSA)	Delivered: 11/28/2022 5:12 AM
	Toledo, Oscar (HRSA)	Delivered: 11/28/2022 5:12 AM
	Nganga-Good, Carolyn (HRSA)	Delivered: 11/28/2022 5:12 AM
	Dixon, Alexandra (HHS/OGC)	
	Te, Christy (HHS/OGC)	
	Ponton, Wendy (HRSA)	Delivered: 11/28/2022 5:12 AM
	'Claudia Rausch'	

Good morning, Ms. Dominique Coffee and Ms. Katherine Slye-Griffin:

Thank you for your follow-up. I do have additional questions.

As a matter of course, please note that this communication by me is an attempt to exercise **my rights to protected opposition pursuant to 29 CFR Part 1614, the NO FEAR ACT**, and applicable whistleblower protection laws.

I would first like to note for our records that your November 25, 2022, email **fails to explain why you only gave me a seven-day notice** that I had a due date of November 16, 2022, to provide medical documentation **in order to avoid having my reasonable accommodation ("RA") denied**. Despite your claim that *"Employees are provided (3) weeks to submit documentation upon initiation of a request"*.

Nowhere in the HRSA RA Policy and Procedures Manual, does it indicate that employees have *"(3) weeks to submit documentation"* and that this is a standard practice that is applied to all employees. Nor did I have any way of knowing before your November 9, 2022, email that you needed additional documentation for my reasonable accommodation needs.

Accordingly, I reasonably believe that **these actions by you and HRSA's RA office are intended to interfere with my rights to an RA. These actions amount to unlawful retaliation and interference** with protected-activity as defined by the ADA, the Rehabilitation Act and EEOC regulations. Given that Agency leadership is well aware that I have also engaged in whistleblowing activity, these actions appear to be an attempt by the Agency to commit a prohibited personnel practice in violation of Title 5 of the United States Code, Section 2302(b)(14) and an Abuse of Authority as defined by the Office of Special Counsel.

Consequently, **please consider this email as formal notice** that:

I intend to pursue a claim of discrimination and retaliation against HRSA's RA office as a result of the actions described above. I believe these actions by you and the Agency are intended to at the minimum - discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws. Please also take notice that I believe these actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I'm being treated differently by the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated by the Agency because I have a disability (perceived or otherwise).

In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties if necessary.

For your convenience, **my questions are underlined** in the body of this email, below:

I. THE AGENCY ALREADY HAS KNOWLEDGE AND SUFFICIENT DOCUMENTATION OF MY DISABILITY AND REASONABLE ACCOMMODATION NEEDS

The EEOC has held that an employer may only request *"documentation when [an employee] requests a reasonable accommodation"* in instances *"when the need for an accommodation is not known or obvious"*. According to the EEOC, *"when an employee provides sufficient evidence of the existence of a disability and the need for reasonable accommodation, continued efforts by the employer to require that the individual provide more documentation and/or submit to a medical examination could be considered retaliation."* ***See Enforcement Guidance on Disability Related Inquiries and Medical Examination of Employees under the ADA, Paragraph A. 7 and B.11, also referenced on pgs. 14 and 16 of HRSA RA Policy.***

Does the EEOC's Enforcement Guidance on Disability Related Inquiries and Medical Examination of Employees under the ADA apply to HRSA?

I ask because, the Agency has known about my disability related accommodation needs since at least February of 2020. The Agency has also been further reminded of my RA needs through multiple emailed communications since then, to include but not limited to, communications that occurred during fall of 2020, April 2022, June-July 2022, and the

Agency's own investigation into my August 2019 formal EEO complaint and the EEOC administrative process that followed.

The Agency personnel aware of this information includes but is not limited to: at least four supervisors in my chain of command (*Carolyn Nganga-Good, Melissa Moore, David Loewenstein, and Dr. Luis Padilla*), the Agency's legal counsel (*Christy Te and Alexandra Dixon*), and Mr. Anthony Archeval, Director of OCRDI. Subsequently, I don't understand how your office concluded that *"to date OCRDI has not received a formal request for accommodation"* and *"OCRDI has not received a formal accommodation request or current medical documentation necessary to substantiate the existence of a disability under the Rehabilitation Act of 1973"*.

Can you please clarify the basis for determining that OCRDI and/or the Agency does not have record of my reasonable accommodation needs and medical documentation that supports my right to an RA, when OCRDI conducted the investigation into my August 2019 EEO complaint which contained substantial and adequate information to support an RA?

I have referenced my RA needs continuously in related communications with Agency management all year, and not until October 2022, was I referred to your office to apply for an RA. Why is that?

Why has the Agency decided to make an RA referral now, when it has known about my RA needs since at least February 2020 and has been routinely reminded of these RA needs every month this year, since April of 2022?

Which Agency management officials told you that there isn't medical documentation on file for me already in support of an RA? Because they all received it and I'm very confused by your assertion that the Agency does not have medical documentation on file already in support of my RA needs. **Can you please clarify?**

Previous medical documentation and related information the Agency is in possession of, establishes at the minimum, the following:

- a. I have experienced panic attacks and panic attack symptoms for a minimum period of 10 months, beginning December of 2019 that were disabling and meet the ADA's definition of a disability. See the Report of Investigation (ROI) for my August 2019 EEO Complaint, which OCRDI and/or the Agency has. ***Some of this evidence is viewable at ROI Pgs. 598, 540 through 544, 551-581, 196, 589, 599-600, and pg. 196 of the ROI.***
- b. Telework was an effective accommodation, accordingly a nexus between the disability and need for an accommodation. ***pg .13 of PDF in Ms. Rausch's "6-5-2020 All Attachments" in support of my August 2019 EEO complaint on the EEOC's Public Portal.***
- c. As evident by my 2015 through 2021 PMAP ratings, ***I surpassed performance expectations each and every year at the Agency since 2015.*** The Agency has clear and objective evidence that I can perform the essential functions of my position and meet the ADA's definition of "qualified," with respect to an individual with a disability, because I have satisfied the requisite skill, experience, education and other job-related requirements of the position I hold, with or without reasonable accommodation. 29 C.F.R. §1630.2(m).

Can you please tell me what laws and regulations authorize the Agency to completely ignore the evidence they have in their possession of the record of my disability, RA needs, and evidence that I qualify for an RA?

Can you please clarify, what laws or regulations entitle the Agency to ask for more medical documentation to support providing an RA, when it already received it?

Under the ADA as amended, the definition of disability is defined as:

- a. A physical or mental impairment that substantially limits one or more major life activities of such individual;
- b. A record of such an impairment; or
- c. Being regarded as having such an impairment

Can you please explain to me, how my record of experiencing panic attacks and panic attack symptoms which the Agency is well aware of, doesn't already establish that I meet the ADA's definition of disability?

Pursuant to 29 CFR 1630.2(h), the phrase "physical or mental impairment" includes "(2) Any mental or psychological disorder, such as an intellectual disability (formerly termed "mental retardation"), organic brain syndrome, emotional or mental illness, and specific learning disabilities." Major life activities include but are not limited to: "(i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working". 29 C.F.R. §1630.2(i)(1)(i).

Per the EEOC, an employer is only entitled to reasonable documentation to demonstrate that an individual has a disability covered under the ADA and to evidence of the need for an accommodation. An employer may not ask for documentation unrelated to determining the existence of the specific disability for which a reasonable accommodation was requested. ***See EEOC Enforcement Guidance on Reasonable Accommodation and Undue Hardship, at Q. 6. Also linked on page 18 of HRSA RA Policy.***

Do these federal regulations and EEOC Guidance apply to HRSA?

Can you please clarify how the Agency formed the conclusion that the medical documentation they have on file does is not considered a "physical or mental impairment" as defined above?

II. THE AGENCY'S MEDICAL INQUIRY IS CONSIDERED RETALIATION AND NOT JOB RELATED OR CONSISTENT WITH BUSINESS NECESSITY

The EEOC has held that any employee has the right to challenge a disability-related inquiry or medical examination that is not job-related and consistent with business necessity. ***See paragraph B of EEOC Enforcement Guidance on Disability Related Inquiries and Medical Examination of Employees under the ADA.***

Can you please clarify how your November 9, 2022, disability-related inquiry is job-related and consistent with business necessity?

What objective evidence has the Agency relied on to conclude that the medical documentation they have on record in support of my February 2020 RA request, is insufficient?

III. FOH MEDICAL REVIEWS ARE NOT REQUIRED IN ORDER FOR FEDERAL EMPLOYEES TO OBTAIN AN RA, NOR ARE AUTHORIZED BY LAW. THE AGENCY IS ONLY ENTITLED TO ADEQUATE MEDICAL INFORMATION

Pursuant to 29. C.F.R. §1630.2(j)(1)(i), "The term 'substantially limits' shall be construed broadly in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA. 'Substantially limits' is not meant to be a demanding standard. (iv) The determination of whether an impairment substantially limits a major life activity requires an individualized assessment, (v)...usually doesn't require scientific, medical, or statistical analysis, (vi) should be made without regard to the ameliorative effects of mitigating measures, [and] (vii) An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active."

Several of the “impairments” specified in my RA documentation that the Agency already has in its possession, meet the ADA’s definition of “Predictable Assessments” which “will virtually always result in a determination of disability [because] the inherent nature of these types of medical conditions will in virtually all cases give rise to a substantial limitation of a major life activity.” An individualized assessment of these types of ADA covered disabilities “should be particularly simple and straightforward.” 29 C.F.R. §1630.2(j)(3)(ii).

Can you please clarify why the Agency is now again attempting to obtain an FOH medical opinion in reply to my needs for a reasonable accommodation, when it already has written documentation on file from my physician?

Why is the Agency seeking an FOH medical opinion, when the above referenced regulation does not even require scientific or medical analysis?

This does not conclude the questions I have for your office and/or the Agency in relation to this matter.

In the interest of time, I will follow-up with my remaining questions at another time. I take it you are new to HRSA and the federal government, Ms. Coffee? I apologize we had to meet under these circumstances. I strongly recommend that you document your communications between you and Agency personnel, since it appears that you are being instructed to manage reasonable accommodations in a manner not in alignment with federal law that governs the federal sector, as explained above.

I look forward to your response and clarification to my questions. Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: clausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: HRSA RA Site <RA-Request@hrsa.gov>
Sent: Friday, November 25, 2022 3:48 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>
Subject: RA Case Communication: HRSA-2023-1884

Dear Claudia,

I just wanted to follow up with you. Please let me know if you have any additional questions.

Thank you,
Dominique Coffee

Accessibility Specialist
OCRDI's Accessibility Section
REMINDER! Medical Confidentiality

As with all RA requests, the medical basis for this request will be held as confidential by OCRDI. To be specific, in

accordance with the Rehabilitation Act, this office does not provide any medical documentation associated with that request to the employee's supervisor/manager. Further, all supporting medical documentation and/or requests for medical documentation are to be requested, received and reviewed by OCRDI, only. This is to prevent potential future claims of the agency/management illegally disclosing this information to those who do not have a need to know.

Also, please be aware that any medical information that is shared with a Manager/Supervisor either by the employee or by OCRDI, ***including the fact that the employee (1) even has a medical condition or (2) has requested/received accommodation, MUST*** be kept confidential. One may only disclose information relating to RA to those with a need to know. Disclosure of this information to someone who doesn't have a need to know may be a per se violation of the Rehabilitation Act. If someone has a question as to whether an individual meets the conditions for need to know, please contact OCRDI and we will assist you in making that determination.

From: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>

Sent: Thursday, November 17, 2022 5:02 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>

Cc: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>

Subject: RE: RA Case Communication: HRSA-2023-1884

Dear Claudia,

Thank you for your email. I hope that this information helps to clarify your questions and concerns. Again, I am always happy to discuss further.

1. Why did you barely inform me of this November 16, 2022, deadline on November 9, 2022?

Employees are provided (3) weeks to submit documentation upon initiation of a request.

Please note, as to date OCRDI has not received a formal request for accommodation. This timeframe has started based upon your date of referral. If an employee is unable to provide the documentation by the specified due date, the case will be denied due to a lack of engagement in the interactive process; however, as noted in the email I sent you on November 9, 2022, an employee may always submit a new request, at any time.

1. What laws, regulations or governing policies allow you to "suspend" an RA case until "requested documentation" is submitted?

Information pertaining to the suspension of an RA case can be found on page 10 and page 15 of the HRSA Reasonable Accommodation Policy and Procedures Manual. HRSA's Reasonable Accommodation Policy and Procedures states that timeframes are suspended until the requested medical documentation is submitted. Further, Section D on page 15 notes, the agency will suspend the processing of a case and will not be expected to adhere to its usual timelines if an individual's and/or their health professional fails to provide needed documentation in a timely manner.

1. Who determines that additional medical documentation will be required before moving forward with the reasonable accommodation request? How is this determination made and what criteria is used? Is this process applied uniformly to all HRSA employees?

The Accessibility Specialist may request additional information by explaining to the individual seeking the accommodation, in specific terms, why the information provided is insufficient, what additional information is needed, and why it is necessary for a determination of the RA request (pg. 15 of HRSA Reasonable Accommodation Policy and Procedures Manual).

As previously stated, OCRDI has not received a formal accommodation request or current medical documentation

necessary to substantiate the existence of a disability under the Rehabilitation Act of 1973 and need for a reasonable accommodation to assist you in performing your essential job duties.

1. **Do you receive all medical information related to RA requests to the email address RA-Request@hrsa.gov ?**

Yes, all documents related to an employee's request for reasonable accommodation, including medical information can be sent to the secured email address RA-Request@hrsa.gov and should reference the employee's case number once provided. Please note that a case number is generated once an employee has submitted a formal request (i.e., verbally, in writing, or using <https://ra.hrsa.gov>). At this time, OCRDI has not received a formal RA request. The information regarding the reasonable accommodation process was sent to you based upon a referral. Employees are also welcome to deliver RA related documents in-person to 14N176.

1. **Regarding the "Authorization for Use or Disclosure of Protected Health Information" form that you attached to your email – is this only form you require employees to sign when they are requesting an RA, that authorizes the use of their health information?**

As identified on page 10 of the HRSA policy, " where necessary, as determined by the Accessibility Specialist, supporting medical documentation will be reviewed by Federal Occupational Health (FOH), and FOH will render a recommendation." The Authorization for Use or Disclosure of Protected Health Information provides consent for FOH to move forward in this process.

This is the only form which requires an employee signature in the RA process.

Regarding the "SAMPLE QUESTIONS TO BE ANSWERED BY A MEDICAL PROVIDER" on your attached "Suggested Medical Documentation" document, are all those questions always asked for every employee requesting an RA? Or every employee who requests an RA and provides medical documentation?

The *Suggested Medical Documentation* document is provided to all employees in the RA process as an aid to help the employees' Health Care Provider expedite the submission of documentation. Additionally, the document is to assist Medical Provider's in their completion of medical documentation that is thorough in identifying the nature of the employee's impairment(s), severity, duration, and extent to which the impairment limits the employee.

Again, I hope this information was helpful. Please let me know if you have additional questions or need assistance with regards to the RA process.

Best Regards,

Dominique C. Coffee | EEO Specialist

Health Resources and Services Administration (HRSA) | Office of Civil Rights, Diversity and Inclusion (OCRDI)
5600 Fishers Lane, | Rockville, MD | Phone: (301) 945-5818 | Email: dcoffee@hrsa.gov

If you have any questions about our services, or are experiencing accessibility issues with an attachment, please email OCRDI@hrsa.gov or call 301-443-5636. Please do not send confidential information or documents to OCRDI@hrsa.gov.

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Sent: Thursday, November 17, 2022 9:47 AM

To: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>; Coffee, Dominique (HRSA) <DCoffee@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>

Cc: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Subject: RE: RA Case Communication: HRSA-2023-1884

Good morning, Ms. Dominique Coffee and Ms. Katherine Slye-Griffin:

My apologies for the delay in my reply and follow-up, I've had a busy week.

Please provide clarification to the questions I asked in writing.

There is absolutely no logical reason as to why you shouldn't be able to respond to my questions in writing. Nor any reason why this matter cannot be discussed in writing.

The last time I had a verbal discussion/meeting with your office during Spring of 2020, your office completely misrepresented our conversation, for what appeared to be an obvious attempt to aid the Agency in retaliating against me in response to my August 2019 EEO complaint. This meeting included Elizabeth Pinkard-Adams, Accessibility Specialist, and you, Ms. Slye-Griffin.

Consequently, I will not be having any verbal discussions or meetings with you regarding this matter. All discussions will have to be in writing. And I have read the HRSA RA Policy and Procedures Manual (September 28, 2017) several times, which you linked in the email below. The current procedures described in your November 9, 2022 email are not supported at all by your own policy.

Accordingly, please answer my questions and provide clarification in writing and in response to this email.

Thank you,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
(: 301-945-3059 | *: crausch@hrsa.gov

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From: HRSA RA Site <RA-Request@hrsa.gov>
Sent: Wednesday, November 16, 2022 10:04 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>
Subject: RA Case Communication: HRSA-2023-1884

Dear Claudia,

At your earliest convenience, please confirm your availability for this week. I would like to schedule a meeting with you, Katie and I.

I look forward to your reply.

As a reminder, any questions regarding your case should be directed to me. Please ensure that any communications include your case number (HRSA-2023-1884) in the subject line.

In the interim, please do not hesitate to contact me if you have any questions.

Thank you,
Dominique Coffee

Accessibility Specialist
OCRDI's Accessibility Section
REMINDER! Medical Confidentiality

As with all RA requests, the medical basis for this request will be held as confidential by OCRDI. To be specific, in accordance with the Rehabilitation Act, this office does not provide any medical documentation associated with that request to the employee's supervisor/manager. Further, all supporting medical documentation and/or requests for medical documentation are to be requested, received and reviewed by OCRDI, only. This is to prevent potential future claims of the agency/management illegally disclosing this information to those who do not have a need to know.

Also, please be aware that any medical information that is shared with a Manager/Supervisor either by the employee or by OCRDI, **including the fact that the employee (1) even has a medical condition or (2) has requested/received accommodation, MUST** be kept confidential. One may only disclose information relating to RA to those with a need to know. Disclosure of this information to someone who doesn't have a need to know may be a per se violation of the Rehabilitation Act. If someone has a question as to whether an individual meets the conditions for need to know, please contact OCRDI and we will assist you in making that determination.

From: HRSA Reasonable Accommodation
Sent: Monday, November 14, 2022 5:42 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>
Subject: RE: RA Case Communication: HRSA-2023-1884

Good evening Claudia,

We are happy to discuss the RA process with you. Do you have time this week? A conversation usually clears most questions up.

However, we also always point clients to HRSA's Reasonable Accommodations Policy (<https://www.hrsa.gov/sites/default/files/hrsa/eeo/ra-manual.pdf>).

We look forward to speaking with you!
Katie

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Monday, November 14, 2022 5:49 AM
To: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>
Cc: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: RE: RA Case Communication: HRSA-2023-1884

Good morning, Ms. Dominique Coffee and Ms. Katherine Slye-Griffin:

My apologies for the delay in my reply and follow-up, I've had a lot on my plate lately.

I do have a few questions about the Reasonable Accommodation ("RA") process, to include, but not limited to:

1. **What laws, regulations or governing policies allow you to impose a three-week timeframe or deadline on employees for submitting documentation in support of their Reasonable Accommodation request? And consequently, deny an RA for the inability to adhere to the three-week deadline? It appears to me, that this is a deliberate attempt accomplish the opposite of the interactive process, and intended to obstruct the process and interfere with one's ability to request an RA.**

More so considering that I was barely notified on November 9, 2022, only 7 calendar days before the deadline day of November 16, 2022. **It appears to me that this is an attempt to interfere with my rights to a reasonable accommodation and constitutes retaliation in response to protected EEO activity and protected whistleblowing activity** because the Agency and its Office of Civil Rights, Diversity and Inclusion ("OCRDI") is well aware of my protected activity.

1. **Why did you barely inform me of this November 16, 2022, deadline on November 9, 2022?**

1. What laws, regulations or governing policies allow you to "suspend" an RA case until "requested documentation" is submitted?
1. Who determines that additional medical documentation will be required before moving forward with the reasonable accommodation request? How is this determination made and what criteria is used? Is this process applied uniformly to all HRSA employees?
1. Do you receive all medical information related to RA requests to the email address RA-Request@hrsa.gov ?
1. Regarding the "Authorization for Use or Disclosure of Protected Health Information" form that you attached to your email – is this only form you require employees to sign when they are requesting an RA, that authorizes the use of their health information?
1. Regarding the "SAMPLE QUESTIONS TO BE ANSWERED BY A MEDICAL PROVIDER" on your attached "Suggested Medical Documentation" document, are all those questions always asked for every employee requesting an RA? Or every employee who requests an RA and provides medical documentation?

I look forward to your reply and answers to my inquiries.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
(: 301-945-3059 | *: crausch@hrsa.gov

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From: HRSA RA Site <RA-Request@hrsa.gov>

Sent: Wednesday, November 9, 2022 2:15 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>

Subject: RA Case Communication: HRSA-2023-1884

Dear Claudia Rausch,

A referral was made on 10/19/2022, regarding your possible need for a reasonable accommodation to assist you in performing an essential function of your job duties. I will serve as your Accessibility Specialist and would like to schedule sometime to touch base concerning the reasonable accommodation process and to address any questions you may have. Please advise me of your availability for tomorrow, November 10, 2022.

To initiate the reasonable accommodation process, medical documentation is required from the requestor. It has been determined that OCRDI will need documentation before moving forward with the RA process. I am sending you information regarding documentation requirements. Please take time to review. We can discuss any questions you may have during our scheduled meeting.

Below you will find frequently asked questions (FAQs) regarding documentation, including medical documentation, at the bottom of this email, below the signature block. It is important to note that I advise all of my clients to take or send this information directly to their medical practitioner when requesting medical documentation related to the RA process.

You may submit your documentation directly to me by email (RA-Request@hrsa.gov). You are not required to share this documentation with any HRSA Official outside of OCRDI's Accessibility Section. As a requirement of the Rehabilitation Act of 1973, OCRDI's Accessibility Section must maintain the confidentiality of your medical documentation and medical condition/disability. Accordingly, only the Accommodations Specialist can request, receive, review, or retain this medical documentation.

At this time your case is suspended until the requested documentation is submitted. All employees are provided three (3) weeks upon making the request to submit documentation. When documentation is submitted, the suspension will be lifted, and RA processing timelines will resume. Please note, that if you are unable to provide the documentation by November 16, 2022, your case will be denied due to what is considered a lack of engagement in the interactive process required by the RA process. This is standard procedure for all RA cases. Employees are welcome to request an RA at any time.

Please contact me if you have any questions. As a reminder, any questions regarding your case should be directed to me. Please ensure that any communications include your case number (HRSA-2023-1884) in the subject line.

Thank you,
Dominique Coffee

Accessibility Specialist
OCRDI's Accessibility Section

REMINDER! Medical Confidentiality

As with all RA requests, the medical basis for this request will be held as confidential by OCRDI. To be specific, in accordance with the Rehabilitation Act, this office does not provide any medical documentation associated with that request to the employee's supervisor/manager. Further, all supporting medical documentation and/or requests for medical documentation are to be requested, received and reviewed by OCRDI, only. This is to prevent potential future claims of the agency/management illegally disclosing this information to those who do not have a need to know.

Also, please be aware that any medical information that is shared with a Manager/Supervisor either by the employee or by OCRDI, ***including the fact that the employee (1) even has a medical condition or (2) has requested/received accommodation, MUST*** be kept confidential. One may only disclose information relating to RA to those with a need to know. Disclosure of this information to someone who doesn't have a need to know may be a per se violation of the Rehabilitation Act. If someone has a question as to whether an individual meets the conditions for need to know, please contact OCRDI and we will assist you in making that determination.

Rausch, Claudia (HRSA)

From: Wampler, Valerie (HRSA)
Sent: Friday, February 25, 2022 11:31 AM
To: Rausch, Claudia (HRSA); Perkins, Valerie (HRSA)
Cc: Singh, Manjot (HRSA); Nganga-Good, Carolyn (HRSA); Loewenstein, David (HRSA); Lee, Kelli (HRSA)
Subject: RE: OneDrive Migration Guidance

Ms. Rausch,

Our team just provides the IT support for HRSA. This information and activity is between you and your management team. I respectfully ask you to work with them on next steps.

Sincerely,

Valerie Wampler

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Friday, February 25, 2022 9:42 AM
To: Wampler, Valerie (HRSA) <VWampler@hrsa.gov>; Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>
Cc: Singh, Manjot (HRSA) <MSingh3@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Subject: RE: OneDrive Migration Guidance

Ms. Wampler:

Thank you for your explanation.

To provide some background, I recently filed an EEO complaint on or around November 17, 2021 in which I allege that HRSA retaliated against me by monitoring and interfering with my protected EEO activity when several devices were synced to my HRSA laptop through the Microsoft application "Your Phone". I also alleged that HRSA enabled monitoring and interference of my EEO activity by configuring my HRSA work laptop to be monitored and controlled through a local network of Bluetooth devices and infrared technology that was established around my home. This is evident by the June 22, 2021 "Interrupt Request" list of devices that appear on my laptop device manager and various other logs that exist on my current HRSA laptop.

I've also alleged during the EEO complaint process that the additional access granted to my HRSA laptop through the syncing of additional devices, Bluetooth and a local network, resulted in the tampering of evidence that was stored on my laptop, and impacted by ability to upload certain exhibits during the hearing process. For this reason, I'm concerned about having everything entirely synced to the cloud.

Accordingly, my current HRSA laptop and the activities that have occurred and are documented on it is a point of contention, as it contains all the key evidence relevant to a federal agency investigation that is about to occur through the EEO complaint process. I am under the impression that HRSA is potentially choosing to refresh my laptop at this time, in attempt to tamper, delete, or get rid of evidence for a EEO matter that is about to be investigated. The Agency has 180 days from November 17, 2021, to complete the investigation into this new EEO complaint, in which it will then go to Equal Employment Opportunity Commission. (EEOC) hearing process and so on. I respectfully request an extension to refresh my laptop and am asking that it be refreshed after the EEO Complaint investigation and hearing is over.

While I understand the laptop belongs to HRSA, its "Policy for Special Monitoring of Employees Use of IT Resources" does not indicate the pursuance of an EEO Complaint as a reason that Special Monitoring may be authorized. From my understanding of the EEOC's regulatory guidance, the additional monitoring I experienced is considered retaliation. To

the extent that security is of primary concern, were these same security concerns considered when HRSA allowed my laptop to be configured with all the available Wifi's in my apartment building? I'm having trouble understanding how that incident and the Bluetooth network my laptop was configured with was in alignment with routine security policies.

In reviewing some of the applicable laws related to this matter, I've also reported these issues to the FBI's Internet/Cyber Crime Complaint Center and my U.S. Congress representative. I've also relayed my concerns regarding HRSA's insistence to refresh my laptop to my U.S. Congress representative in hopes that the evidence needed for my current EEO complaint will not be compromised.

Pursuant to 18 U.S.C. Ch. 73 §1512, tampering with evidence includes actions by *anyone* "(b) [who] knowingly uses intimidation, threatens, or corruptly persuades another person, or attempts to do so, or engages in misleading conduct toward another person, with intent to— (2) cause or induce any person to— (A) withhold testimony, or withhold a record, document, or other object, from an official proceeding;" or "(B) alter, destroy, mutilate, or conceal an object with intent to impair the object's integrity or availability for use in an official proceeding;". Accordingly, I believe a laptop refresh would amount to the tampering of the evidence I need to prove this new EEO complaint.

Additionally, 18 U.S.C. Ch. 73 §1505. provides that it is considered an obstruction of justice and obstruction of proceedings before departments, agencies, and committees for anyone to engage in a communication that "*influences, obstructs, or impedes or endeavors to influence, obstruct, or impede the due and proper administration of the law under which any pending proceeding is being had before any department or agency of the United States, or the due and proper exercise of the power of inquiry under which any inquiry or investigation is being had by either House, or any committee of either House or any joint committee of the Congress*". I believe having my laptop refreshed now would inappropriately intervene with any investigation(s) or inquiries made by the Congress member I reported this to, the FBI and the EEOC.

18 U.S.C. Ch. 73 §1510 also provides that it is an obstruction of a criminal investigation when someone "*(a) willfully endeavors by means of bribery to obstruct, delay, or prevent the communication of information relating to a violation of any criminal statute of the United States by any person to a criminal investigator*".

Accordingly, I respectfully request an extension to refresh my laptop and am asking that it be refreshed after the EEO Complaint investigation and hearing is over, and the congress member(s) and law enforcement agencies I've contacted be provided with an opportunity to inquire into the issue as required by law.

As a side note, the Dell website indicates the warranty has been expired October 2020 and that Dell still provides hardware updates to hardware that has an expired warranty so I'm a little confused about some of the reasons why it's necessary to refresh my laptop now. Please note, this email by me is an attempt to exercise my rights under 29 C.F.R. §1614.101(b).

Your time and attention to this matter is greatly appreciated.

Best,

Claudia M. Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: clausch@hrsa.gov

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From: Wampler, Valerie (HRSA) <VWampler@hrsa.gov>

Sent: Friday, February 4, 2022 11:43 AM

To: Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>; Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Singh, Manjot (HRSA) <MSingh3@hrsa.gov>

Subject: RE: OneDrive Migration Guidance

Claudia,

HRSA buy laptops for HRSA staff to use and those laptops have a 4 year on-site warranty. Your laptop is a 7280 and is now approaching 5 years old. This hardware needs to be refreshed to meet security, hardware warranty and support. Security is critical to HRSA and all HRSA staff have taken a yearly security training course that details their responsibilities in safeguarding data and use of hardware. Each laptop gets regular patches and hot fixes for software and hardware vulnerabilities. Equipment past its lifecycle becomes difficult to support due to lack of BIOS and hardware updates. This puts HRSA at a vulnerable position to support out of warranty equipment. Additionally, we have a server that holds images for laptop builds. This server has limited space and we need to off-board those old laptop images for new systems in use at HRSA.

All staff at HRSA routinely use software that goes through upgrades. This is due to the manufacturer establishing an end-of-life for application support. New technology is introduced for the enterprise that improves work efficiency by enabling collaboration and operations. For example four years ago, HRSA staff were upgraded from Outlook on premise to M365 and with that came larger mailboxes, attachment scanning for malware and the improved calling/meeting tools that came with M365 in Teams. OneDrive is the natural progression of collaborative technology that is being implemented for all staff across HRSA. There is no ability to opt out of this upgrade. OneDrive is part of the M365 architecture that provides HRSA staff a more secure way of working. Previously, documents and files stored on the laptop were not being backed up. Any hardware failure, and all the data is lost. Now with OneDrive, this data is more secure, encrypted and able to be accessed even if something happens with your laptop. OneDrive provides more storage than is possible on the local laptop with a default of 1TB and potential to grow more as data is stored.

Each HRSA staff person is provided a government furnished laptop and with that comes the responsibility to support the security and compliance requirements for it to be supported and updated. We rely on HRSA staff to work with us to ensure that HRSA's data is protected and doesn't put the rest of HRSA in a vulnerable state because it can't be supported any longer. OneDrive will ensure your data is secure, encrypted and backed up.

We appreciate your supporting our IT Service Desk by allowing them to work with you in completing the OneDrive implementation and scheduling your laptop refresh as soon as possible.

Sincerely,

Valerie Wampler
Division Director, DEUS
HHS/HRSA/OIT
Employee
5600 Fishers Lane
Rockville, MD 20857
301-443-6196 (o)
Itsupport@hrsa.gov

From: Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>

Sent: Friday, February 04, 2022 11:01 AM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Wampler, Valerie (HRSA) <VWampler@hrsa.gov>; Singh, Manjot (HRSA) <MSingh3@hrsa.gov>
Subject: RE: OneDrive Migration Guidance

Good Morning Claudia,

I am copying both DEUS and BHW management for guidance.

Thank you,
Val

Valerie Perkins, MBA, MHA

Branch Chief, IT Customer Service Branch

Office of Information Technology (OIT)/Division of End User Support (DEUS)

Email: vperkins@hrsa.gov | Office: 301. 443.3965 | Mobile: 240.645.7687

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Move Recently? Update your information at <https://adm.nih.gov/>

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Friday, February 4, 2022 10:53 AM
To: Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>
Cc: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: RE: OneDrive Migration Guidance

Hi Valerie,

Thank you for your email.

Can you please point me to the policies, regulations and laws that support the decision to require employees to sync their desktop and all documents with OneDrive and refresh their laptop every two years; considering my unique circumstances? Or can you point me to the subject matter expert at HRSA that can provide me with such information?

Please provide me with this information in writing through this email trail so we both have record of it. Also, there is no need to have a technician reach out to me, unless they will be solely communicating with me in writing.

Best,

Claudia M. Rausch
Management Analyst
Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (BHW)

☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>
Sent: Wednesday, February 2, 2022 2:29 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: OneDrive Migration Guidance

Good Afternoon Claudia,

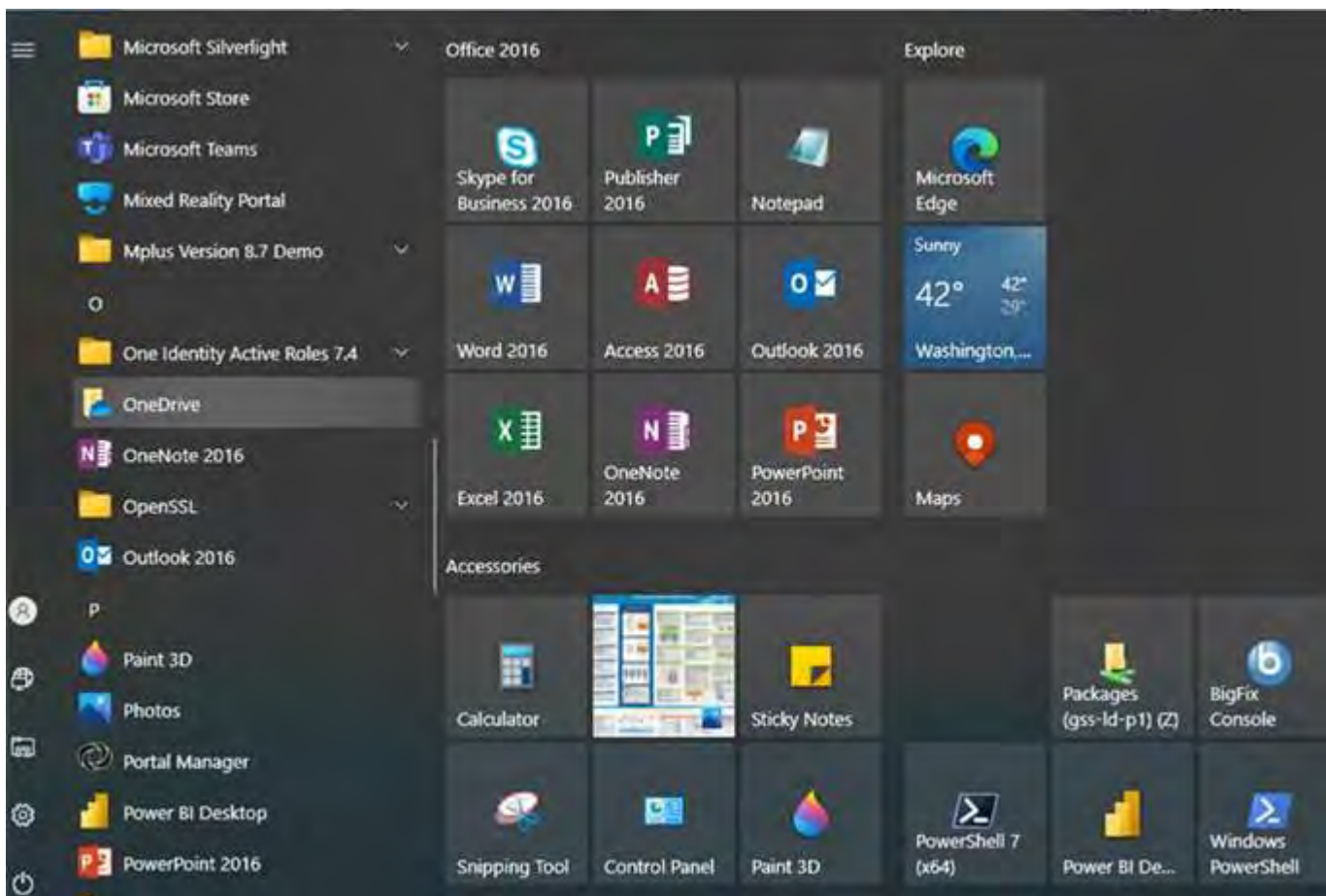
The completion of your OneDrive migration will require the following actions. I have provided instructions below as well as a screenshot to assist with this process. I can also have a technician reach out to you directly to provide further assistance.

As we work to complete the HRSA-wide OneDrive migration, can you have your migration completed by Wednesday, February 9th?

Please let me know if you have questions?

OneDrive Migration Steps:

1. After logging into your laptop, ensure that you are connected to the VPN.
2. Under the Start Menu, you will find the OneDrive icon. Double-click on the icon.
3. You may receive a prompt for your PIV card (please enter your credentials) for first time access.
 - a. This will initiate the Known Folders sync and activate OneDrive on your desktop.



Thank you,



Valerie Perkins, MBA, MHA

Branch Chief, IT Customer Service Branch

Office of Information Technology (OIT)/Division of End User Support (DEUS)

Health Resources and Services Administration (HRSA)

5600 Fishers Lane RM 12W64

Rockville, MD 20857

Email: vperkins@hrsa.gov | Office: 301. 443.3965 | Mobile: 240.645.7687

Need IT support? Check <https://itsupport.hrsa.gov>

Move Recently? Update your information at <https://adm.nih.gov/>

Rausch, Claudia (HRSA)

From: Fayese, Olufunmilayo (HRSA)
Sent: Thursday, March 3, 2022 2:19 PM
To: Rausch, Claudia (HRSA)
Cc: Carothers, Ashley (HRSA); Rush, Rachel (HRSA); Singh, Manjot (HRSA); Sethi, Vipin (HRSA); Komaragiri, Madhav (HRSA); Loewenstein, David (HRSA); Nganga-Good, Carolyn (HRSA)
Subject: RE: Annual NPDB ROB 2022

Claudia,

We are still continuing to work on answering all your questions to ensure all your questions are answered appropriately.

Please remain patient while we are working on this

Thank you for your patience!

Sincerely,

Olufunmilayo Fayese, IT Specialist

Bureau of Health Workforce (BHW)

Phone: 301-443-2905

Email: ofayese@hrsa.gov

From: Fayese, Olufunmilayo (HRSA)
Sent: Wednesday, March 2, 2022 3:52 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Carothers, Ashley (HRSA) <ACarothers@hrsa.gov>; Rush, Rachel (HRSA) <RRush@hrsa.gov>; Singh, Manjot (HRSA) <MSingh3@hrsa.gov>; Sethi, Vipin (HRSA) <VSethi@hrsa.gov>; Komaragiri, Madhav (HRSA) <MKomaragiri@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Subject: RE: Annual NPDB ROB 2022

Claudia,

Your questions have been received, and I am looking into them with HRSA OIT, someone will get back to you later.

Thank you!

Sincerely,

Olufunmilayo Fayese, IT Specialist

Bureau of Health Workforce (BHW)

Phone: 301-443-2905

Email: ofayese@hrsa.gov

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, March 2, 2022 9:41 AM
To: Fayese, Olufunmilayo (HRSA) <OFayese@hrsa.gov>
Cc: Carothers, Ashley (HRSA) <ACarothers@hrsa.gov>; Rush, Rachel (HRSA) <RRush@hrsa.gov>; Singh, Manjot (HRSA) <MSingh3@hrsa.gov>; Sethi, Vipin (HRSA) <VSethi@hrsa.gov>; Komaragiri, Madhav (HRSA) <MKomaragiri@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Subject: RE: Annual NPDB ROB 2022

Hi Funmi,

My apologies for the delay.

I have a few questions about the NPDB Rules of Behavior.

Specifically, bullet point 7 under "System Privileges" states that users should expect to ***"Have no expectation of privacy while using HRSA resources and understand that any actions are subject to monitoring, recording, and auditing."***

The "HRSA Policy for Special Monitoring of Employee Use of Information Technology Resources" dated December 13, 2013, indicates there are **only three instances** in which HRSA may conduct non-routine monitoring of employees:

1. If an outside law enforcement authority requested it,
2. On reasonable grounds an individual is responsible for an unauthorized disclosure and
3. On reasonable grounds an individual violated an applicable law, regulation, or policy.

Is item 7 under 'System Privileges' intended to allow HRSA or NPDB to circumvent the aforementioned policy for 'Special Monitoring of Employees'? And if not, what other kind of monitoring is expected to occur?

As you know, The Computer Fraud and Abuse Act, referenced on page 8 of HRSA's "Property Management Manual" forbids anyone to exceed authorized access of a protected computer and/or a non-public government computer, particularly when the access results in a crime or aids another in committing a crime as described under [18 U.S.C. Section 1030](#).

Is item 7 under 'System Privileges' intended to allow HRSA/NPDB to circumvent The Computer Fraud and Abuse Act?

Does item 7 under 'System Privileges' allow HRSA and NPDB supervisors to monitor the computer activity of employees who challenge discrimination and file EEO complaints?

If a HRSA employee or NPDB supervisor were to monitor the computer activity of an employee who challenged discrimination and filed an EEO complaint(s), would that meet the definition of "exceeds authorized access" described in [The Computer Fraud and Abuse Act](#)?

Are there any laws and regulations that specifically authorize bullet point 7 under "System Privileges" to be written as it is?

It's really broad and confusing, so I can't help but have questions as to what is covered under "No expectation of privacy" and "any actions are subject to monitoring, recording, and auditing."

If you could answer my questions, I would greatly appreciate it.

Best,

Claudia M. Rausch

Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Fayese, Olufunmilayo (HRSA) <OFayese@hrsa.gov>
Sent: Tuesday, March 1, 2022 2:42 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Carothers, Ashley (HRSA) <ACarothers@hrsa.gov>; Rush, Rachel (HRSA) <RRush@hrsa.gov>; Singh, Manjot (HRSA) <MSingh3@hrsa.gov>; Sethi, Vipin (HRSA) <VSethi@hrsa.gov>; Komaragiri, Madhav (HRSA) <MKomaragiri@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Subject: RE: Annual NPDB ROB 2022

Good afternoon Claudia,

This is your second Notice!!!

Please Note: In compliance with the Federal Information Security Modernization (FISMA) Act of 2014 law, all HHS/HRSA employees and contractors (DPDB & DBO staff) are required to read and sign the NPDB Rules of Behavior annually.

Our records show that we have not yet received your signed NPDB RoB for FY2022.

The attached files contain the 2022 NPDB Rules of Behavior document and the "Using Your PIV Card to Sign Adobe Documents" guide.

What you need to do:

Please read the ROB and provide digital signature and send the signed copy via email (Do not reply to All) by COB Friday, March 4, 2022

We are happy to assist should you have any questions or issues.

Thank you!

Sincerely,

Olufunmilayo Fayese, IT Specialist
Bureau of Health Workforce (BHW)
Phone: 301-443-2905
Email: ofayese@hrsa.gov

From: [Wampler, Valerie \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Cc: [Lee, Kelli \(HRSA\)](#)
Subject: RE: Laptop Return
Date: Thursday, August 4, 2022 2:38:07 PM

Claudia

I request you take me off all future threads regarding your laptop and other personnel situations. I transferred within HRSA to another Bureau and am not longer associated with HRSA equipment. These emails are extremely sensitive and I am uncomfortable being included in them due to my position change.

Sincerely,
Valerie Wampler

Valerie Wampler
IT Systems
HHS/HRSA/BPHC/OSBO
FAC P/PM III/COR
Deputy Director
5600 Fishers Lane
Rockville, MD 20857
301-443-6196 (o)
240-401-2752 (cell)

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, August 03, 2022 9:50 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>; Wampler, Valerie (HRSA) <VWampler@hrsa.gov>; Fayese, Olufunmilayo (HRSA) <OFayese@hrsa.gov>
Subject: RE: Laptop Return

Hi Carolyn,

I'm confused. In my June 21, 2022 email (attached), I told you that I was going to turn over the laptop to an authoritative federal law enforcement agency that has the authority to investigate the crimes that are evidenced on the laptop. You at no point replied to me or told me not to. No one included on that email replied to me, or disputed my claims. Accordingly, I thought you were in agreement.

Are you now asking me not to report these crimes? And asking me to turn in the laptop over to you

and the Agency instead, so that the crimes evidenced on my laptop are not investigated? Because that's the impression I'm under. You mentioned you spoke to OIT, are they involved with this decision? I have CC'd then so that they may chime in and provide clarification. Since it appears Kelli Lee has been advising you on this, I have CC'd her on this email too, to make sure everyone is on the same page about what has been discussed regarding this laptop.

The crimes I'm referring specifically, are the electronic interference with my EEO activity. Yes, interfering with someone's constitutional rights to pursue a civil action in response to discrimination, is a crime. As I stated in my June 21, 2022 email with cites to the applicable law. Do you disagree, Carolyn? Are you aware of any laws, regulations or policies that form a contradictory conclusion? If you could please clarify that, it may help make sense of what you're asking me to do because I'm completely confused by your emails.

Are you trying to tell me that you don't want me to report the crimes that are evidenced on my laptop? I thought the HHS code of conduct, HHS HR instructions, and ethics rules governing federal employees, require federal employees to report crime and wrong doing? I have CC'd HR in case they are able to chime in and clarify.

In my June 21, 2022 email, I provided you with the applicable U.S. Criminal Code laws and asked you to let me know if you thought these laws did not apply to these circumstances. But you never replied. So I really don't understand where your current email is coming from. Subsequently, I believe your emails are also rooted in retaliatory intent, and violate the EEOC's federal regulations pursuant to 29 C.F.R. Part 1614; as I explained in my June 21, 2022 email to you. I am CC'ing my higher level supervisors and HR in effort to exhaust my responsibilities to escalate my concerns of retaliation.

I will further address these concerns in my reply to your recent recommended disciplinary action to suspend me.

Thank you very much for your time and attention to this matter.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

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From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, July 20, 2022 4:35 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Subject: Laptop Return

Claudia,

Also as informed this afternoon, it is important that we comply with HRSA's initiatives regarding their equipment. Since you have not returned your old HRSA laptop to OIT as directed previously, I am instructing you to return it to OIT no later than your next in-office day, July 29th. If you happen to be out of the office unexpectedly on July 29th, you must return your HRSA laptop by close of business on your next scheduled workday (telework or in-office day).

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



Rausch, Claudia (HRSA)

From: Rausch, Claudia (HRSA)
Sent: Tuesday, June 21, 2022 9:39 AM
To: Nganga-Good, Carolyn (HRSA)
Cc: Loewenstein, David (HRSA); Moore, Melissa (HRSA); Padilla, Luis (HRSA); Lee, Kelli (HRSA); Ganey, Catherine (HRSA); Archeval, Anthony (HRSA); Kadingo, Wendy (HRSA); Ali, Shontae (HRSA); Perkins, Valerie (HRSA); Wampler, Valerie (HRSA); Fayese, Olufunmilayo (HRSA)
Subject: RE: Laptop Return
Attachments: 6-21-2022 All emails.pdf

Carolyn,

In summary and reply to your June 9, 2022 email regarding my old HRSA-issued laptop, I believe your email misstates our 1+1 meeting discussion, makes a deliberate attempt to misconstrue the factual events surrounding the return of my laptop and fails to consider several material facts, governing law, regulation and policies as further explained below.

Written documentation and communications by you, OIT, and BHW, surrounding the return of my old laptop evidence inconsistent and shifting explanations from you, your inability to clarify what laws, regulations and policies support your decision, and reasonably puts into question the legitimacy of your decisions related to my old-issued laptop as well as the intent behind your actions and threat to “take disciplinary action”.

As further explained below, I believe your allegations of “not following instructions and being insubordinate” are unsubstantiated by the facts and applicable laws. I also believe your threat to take “disciplinary action” is unlawful and would at the minimum, amount to a prohibited personnel practice in violation of 5 U.S.C. 2302(b), and is subject to 5 C.F.R., Part 752.

As explained in Title 5 of the United States Code, Part III which governs Labor Management and Employment Relations in the federal workforce, any employment action taken against a federal employee, that reaches Judicial review and evidences Agency actions that are “arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law; or (2) obtained without procedures required by law, rule, or regulation having been followed or are (3) unsupported by substantial evidence” will be reviewed by the court and set aside. See 5 U.S.C. § 7703. To the extent that the Agency wishes to pursue an employment decision against me, in attempt to conceal the unlawful surveillance and interference of my EEO activity, that has occurred on my old HRSA-issued laptop; I believe such Agency actions would simply put on display its unlawful activity for the world to see.

For procedural purposes, I have courtesy copied relevant OIT staff, the Director of OCRDI, and my 2nd, 3rd, and 4th level supervisors on this email. This email by me, should be considered by all, a report of unlawful actions, to include but not limited to, retaliation and violation of EEO Laws and the NO FEAR ACT. As June 9, 2022 appears to be another frivolous attempt to move towards a constructive and unlawful discharge of my employment, I have also courtesy copied HRSA’s Office of Human Resources (HR) to ensure that any HR employee who signs off on a termination of my employment is aware beforehand, that doing so would constitute a Prohibited Personal Practice in violation of 5 USC §1401(1), 5 USC §2301(b)(2), 5 U.S.C. § 2302 and applicable laws.

A summary of the factual events, supported by written evidence, relevant to the return of my old HRSA-issued laptop are as follows:

1. On September 14, 2021, two days before my final hearing argument was due, which marked the completion of the hearing process for the 2019 EEO complaint I filed against the Agency, I was informed by David Loewenstein, my 3rd level supervisor that my laptop was due to be refreshed. I found this odd because routinely, the Agency's Office of Information Technology ("OIT") coordinates laptop refreshers. **(Email ATTACHED)**.
2. On January 3, 2022, I filed a new formal EEO complaint, after discovering evidence on my old HRSA-issued laptop that the Agency conducted surveillance of my EEO activity and interfered with my EEO-activity, by syncing several devices to my HRSA laptop and the use a local Bluetooth network that had been established around my home; amongst other OIT activities. **(Email ATTACHED)**.
3. On January 19, 2022, I informed you that much of the evidence I will need to prove my new EEO claims exists on my old HRSA-issued laptop. I inquired about waiting for my laptop to be refreshed until the investigation and hearing for my new EEO complaint is over. I asked you to refer me to the appropriate person at the Agency who I should discuss the matter with. **(Email ATTACHED)**.
4. On January 19th and January 20th, 2022, you and David Loewenstein, Director of DPDB, referred me to DPDB's ISSO and HRSA SOC to report "this potential security breach". **(Email ATTACHED)**.
5. On January 21, 2022, I reported the "potential security breach to Olufunmilayo Fayese (Funmi), BHW's IT Specialist as directed. **(Email ATTACHED)**.
6. To date, no one has followed-up with me regarding the security breach I reported that BHW IT, which was labeled "Incident Report: HRSA-INC-785079". **(Email ATTACHED)**.
7. On January 21, 2022, I requested clarification on what security breach laws and regulations applied, because the laptop evidenced the surveillance and interference was authorized by HRSA. I provided you an example of my computer's task manager which demonstrated that the Microsoft app "Your Phone" which syncs a computer to a mobile phone, and was the most highly used app on my laptop in 2021 with multiple users. Although, I've never been issued a mobile phone or second device with HRSA. **(Email ATTACHED)**.
8. To date, at no point have you, or anyone at HRSA informed me of the security breach laws and regulations that were applicable to my situation.
9. On January 21, 2022, I asked you "Wouldn't.....someone at a supervisor/management level have to provide authorization or approval in order for additional devices to sync to my assigned work computer?" **(Email ATTACHED)**.
10. On January 24, 2022, you denied DPDB's involvement in my allegations, stating "For the record, no one in the DPDB leadership/management team has authorized or approved additional devices to be synced to your work computer". **(Email ATTACHED)**.
11. To date, at no point have you, or anyone at the Agency, denied the involvement of the Bureau of Health Workforce (BHW) Management nor my allegations that the Agency, HRSA did authorize the syncing of additional devices to my computer.
12. During a verbal 1+1 discussion, I explained to you that I found it reasonable for you to provide me with the laws, regulations, and/or policies that govern the decision to refresh my laptop, considering my current EEO complaint. I also asked you if I could hold on to my old laptop after refreshing it. You stated I could not hold on to my old laptop after it was refreshed.
13. On February 2, 2022, you emailed me, asserting the laptop refresher was necessary because OIT would not be able to provide support due to the expired warranty. You stated that OIT can hold my old laptop only for up to 2 weeks following the refresher. **(Email ATTACHED)**.

14. Contrary to your assertion, I provided you with evidence on February 7, 2022 of my laptop's warranty which had been expired since October 2020, yet at no point since, interfered with OIT's ability to provide support while the warranty had been expired during the 2 years prior. **(Email ATTACHED).**
15. On February 2, 2022, at 2:11 pm, I asked you **"please point me to the policies, regulations and laws that support this decision; considering my unique circumstances?"** and expressed my concern that "it would only seem appropriate to still allow me to hold onto my old laptop until the investigation and discovery into my new EEO complaint is over – this would ensure the evidence I need isn't compromised." **(Email ATTACHED).**
16. On February 4, 2022, I asked Valerie Perkins, Branch Chief in OIT to clarify what policies, regulations and laws that support the decision to require employees to sync their desktop and all documents with OneDrive and refresh their laptop every two years; considering my unique circumstances and EEO Complaint. She referred me to BHW and DEUS for Guidance. **(Email ATTACHED).**
17. On February 8, 2022, you emphasized the laptop refresher being necessary for OIT maintenance purposes. You emphasized that "OIT will transfer all your information to OneDrive and hold on to your old device for 2 weeks for you to verify everything was transferred". You stated it was an Agency requirement, while not citing any policies even after I asked on multiple occasions. **(Email ATTACHED).**
18. On February 25, 2022, I explained to Valerie Wampler, Division Director of DEUS my unique circumstances that my old-HRSA laptop contained the evidence to prove my current EEO complaint and the applicable laws I believe applied to the situation. **(Email ATTACHED).**
19. Ms. Valerie Wampler replied by asserting "Our team just provides the IT support for HRSA. This information and activity is between you and your management team. I respectfully ask you to work with them on next steps." **(Email ATTACHED).**
20. **To date, you, nor OIT, nor BHW have not provided me with policies, regulations, or laws that supported the decision** to refresh my laptop, nor the decision to not allow me to hold on to my old HRSA-issued laptop after it had been refreshed, given my unique circumstances. That same day at 4:56 pm, you replied, asserting your instructions were based on "highlights from guidance you got from "OIT and BHW". **(Email ATTACHED).**
21. On February 25, 2022, I informed you and David Loewenstein that after reviewing the applicable laws, I reported concerns regarding things I found on my old HRSA-issued laptop to the FBI and Congress. I informed you that I believed refreshing my laptop right now would amount to violations of the U.S. criminal code pursuant to 18 U.S.C. Ch. 73 §1505, §1510, and §1512. **(Email ATTACHED).**
22. On March 1, 2022, you replied stating "Your request has been reviewed and determined that the information you provided would not preclude you from completing the laptop refresh." **(Email ATTACHED).**
23. In asking you who made the determination, you replied with "All of the above". **(Email ATTACHED).**
24. On March 2, 2022, I requested clarification from BHW OIT's office regarding the NPDB Rules of Behavior, and asked if there are any circumstances or policies that allow Agency management to circumvent it's policy for "Special Monitoring of Employee Use of Information Technology Resources" which specifically only allows three lawful purposes; none which have been applicable to me. **(Email ATTACHED).**
25. On March 2, 2022, BHW's OIT Specialist, Funmi, acknowledged receipt of my questions, and stated she would be responding. **(Email ATTACHED).**
26. To date, I have not received a response to any of my March 2, 2022 emailed questions regarding the Agency's policy for monitoring employees.

27. On April 9, 2022, , I explained to you that I was “currently dealing with a crisis and extenuating circumstances that resulted from unforeseen events, related to both my previous and current EEO complaints and [a] family emergency”. **(Email ATTACHED).**
28. At no point, did you request further information about my extenuating circumstances or assert that my explanation was unsatisfactory.
29. On April 19, 2022, you gave me an unwarranted Counseling Memorandum which I rebutted on April 25, 2022, explaining my extenuating circumstances and explaining why I believed your actions were rooted in retaliatory intent in response to my EEO and whistleblowing activity.
30. To date, you have not provided any evidence, policies, regulatory guidance, or mere explanations that remotely suggests that your April 19, 2022 was not rooted in retaliatory intent, as I asserted in my April 25, 2022 rebuttal.
31. On April 22, 2022, I refreshed my old laptop. Contrary to your insistence that I could not be allowed to hold onto my old HRSA-issued laptop after the refresh, the OIT office offered to let me hold onto the old HRSA-issued laptop for a week to make sure everything transferred over. Indicating, **its normal and routine practice to allow employees to hold on to their old Agency issued laptops to make sure information transfers over.** The conversation was later recapped on April 24, 2022 – April 26, 2022 by the OIT Specialist and myself in Microsoft Teams messages. **(Email ATTACHED).**
32. For several weeks following April 22, 2022, I was sick with a cold and/or severe allergies. In alignment with COVID-19 protocols, I did not return to the HRSA building as planned on April 29, 2022 as I reasonably believed that my condition was potentially contagious. I explained this to OIT staff. **(See Microsoft Teams messages with OIT and emails to Valerie Perkins attached.)**
33. You were aware that I felt sick during that time, as I called in on several occasions and branch staff made comments during branch meetings about how obvious it was that I was ill due to the loss of my voice. **(See ITAS records).**
34. In my April 25, 2022 rebuttal to your unsubstantiated April 19, 2022 Counseling Memorandum, I also explained why my visits to the HRSA building and my ability to secure my safety when traveling to the HRSA building, required additional planning.
35. On May 9, 2022, I replied to Valerie Perkins, OIT Customer Service Branch Chief’s inquiry regarding the return of my laptop, stating that I “meant to return it to Kevin on April 29th but I’ve been really sick with a terrible cold (potentially COVID) so have had to wait for it to pass. It’s definitely contagious, so I don’t want to get anyone sick by going to the building.” **(Email ATTACHED).**
36. Following my first day back in the office on June 6, 2022, post the pandemic, I explained to you during our 1+1 meeting that I didn’t have a chance to return the laptop that day but would return it during my next office day.
37. To date, the Agency’s EEO Complaints Office has refused to proceed in investigating my January 2, 2022 EEO complaint and claims of the unlawful surveillance and interference that is evidenced on my old HRSA-issued laptop, without explanation, despite EEOC regulations that require otherwise.

Contrary to your June 9, 2022 summary of nonfactual preceding events leading up to your threat to “take disciplinary action”, the above summary of facts establishes that despite my unique circumstances, you first asserted the laptop was necessary due to an “expired warranty” and OIT guidance. However, my laptop warranty had been expired for 2 years prior and OIT ultimately asserted they only provide “IT support for HRSA” and the decision was up to my management. You also initially insisted that I could not hold on to my laptop, and at most OIT would hold on to it for 2 weeks max before wiping it clean. Contrary to your position, OIT offered without any inquiry from me, and allowed me to keep my old HRSA-issued laptop for a week following the laptop refresh.

Why did you insist on not allowing me to keep my old HRSA-issued laptop after the refresh for any time at all, Carolyn? Why was it so important to you that the old HRSA issued laptop not remain in my possession under the guise of an OIT

decision, when OIT at no point supported such a decision? There's only one logical explanation – you don't want me to have the evidence I need to support my current EEO claims of unlawful surveillance and interference with my EEO activity.

Why did BHW's IT staff fail to follow-up on responding to my report of a security breach and my questions regarding when the Agency is allowed to monitor staff? There's only one logical explanation – they don't have a response.

Why have you, OIT, and BHW been unable to cite or reference any authoritative policy, law, or regulation to support the decision to remove my old HRSA-issued laptop from my possession? Considering my unique circumstances? The only logical conclusion is because there isn't any. But please, feel free to refer to one now if you know of one.

Contrary to your claims of "missed appointments", you knew very well that I was sick for some time, and was unable to visit the building for that reason. In discussion with OIT through Teams app instant messaging, I even offered to mail it in. But OIT said it could wait till my next day on the office. However, now, your actions and response to this matter clearly establish the unlawful intent behind your position all along – the return of my old laptop is clearly being demanded by you, for the purposes of interfering with my ability to prove my current EEO complaint and claims. Accordingly, I will be responding in alignment with applicable laws.

In reviewing the Agency's OIT policies, HRSA's Policy on "IT Transfer Withdrawal and Destruction of Records" makes no mention of laptop refreshers or the return of HRSA-issued laptops. Furthermore, on page 11 of the policy under Records Management, it makes reference to 44 U.S.C. 3101 which requires "Agency heads to preserve records containing adequate and proper documentation...designed to furnish the information necessary to protect the legal and financial rights of...persons directly affected by the agency's activities."

Pursuant to 18 U.S.C. Section 2513, any electronic device used to unlawfully intercept communications, in violation of sections 2511 and 2512 of Title 18 of the United States Code, may be seized and forfeited to the United States.

Accordingly, I plan to turn-in my old HRSA-issued laptop to federal law enforcement and the authoritative government agencies who have the authority to investigate such matters. As I understand HHS Standards of Conduct, 45 CFR Part 73, Subpart M, Reporting Violations, and HHS Instructions 752-1-50 (F) this is what is legally required of me as a federal employee. Do you disagree? Do you know of a law, regulation or policy that contradicts my conclusion? If so, please provide it. Otherwise, I will reasonably continue to assume your intentions are unlawful and illegitimate, and that you are at the minimum, an accessory to the crimes I reasonably believe are being committed in relation to this matter.

This should answer your question about what my intent is with regards to my old HRSA-issued laptop. But please let me know if it doesn't.

In attempt to seek further clarification about your management and supervisory decisions, I have a few questions. Can you please tell me if it is legal for a federal Agency, and/or any of its employees and management officials to conceal or alter evidence, or take an action intended to impede, obstruct, or influence the proper administration of an EEO investigation into a federal employee's EEO complaint? Or the proper investigation by federal law enforcement and authoritative governing bodies into my allegations of unlawful surveillance and interference with my EEO activity? As I understand 18 U.S.C. §1519 and 18 U.S.C. §1001, it appears to me that it's not only illegal, but it is also a crime. Or are these statutes not applicable to you and other federal government management officials? Feel free to correct me if you think I am inaccurately interpreting 18 U.S.C. §1519 and 18 U.S.C. §1001.

Is it legal for a federal Agency, and/or any of its officials or representatives, to interfere with someone's ability to participate in a federally protected activity such as the EEO complaint process? In the same way that illegitimately taking possession of the primary source of evidence (my old HRSA-issued laptop) may interfere with my ability to prove my EEO claims? As I understand 18 U.S.C. §245, it appears to me that such interference is not only considered illegal, but also a crime. Or do you believe these laws don't apply to the circumstances?

Is it legal for a federal Agency, and/or any of its officials or representatives to utilize their authority granted under law and/or utilize their federal government position granted under oath to deprive a person of the rights secured or protected by the Constitution and/or the laws of the United States in the same way that the confiscation of my old HRSA-issued laptop and the Agency's deliberate refusal to process my EEO complaint may deprive me of my rights to prove my pending EEO claims? As I understand [18 U.S.C. §242](#), it appears to me that such use of authority is illegal and considered a crime. Are you aware of another authoritative source that can support a contradictory conclusion to mine or suggest that these laws don't apply to the current circumstances?

Is it legal for more than two federal Agency officials or representatives, such as you and another Agency official to coordinate with another and/or collaborate to oppress and/or intimidate an individual from exercising the rights secured by the Constitution and/or laws of the United States, such as the right to pursue a claim through the EEO process and the right to a full, impartial and complete EEO investigation? As I understand [18 U.S.C. §241](#), it appears to me that such actions are considered conspiracy against rights and also a crime. Do you disagree? Are the laws I've mentioned under Title 18 of the United States Code not applicable to you, federal agencies and its employees and/or representatives?

Accordingly, as I understand the aforementioned laws under Title 18 of the United States Code, I reasonably believe your June 9, 2022 email, threat to take disciplinary action, and surrounding involvement in relation to my old HRSA-issued laptop meet the legal definition of "Abuse of Authority" as defined by the [Office of Special Counsel](#) and the [Merit System Protection Board](#), which I have an ethical obligation to call attention to pursuant to [5 CFR §2635.101\(11\)](#) and oppose per [29 C.F.R. §1614.101](#) and various other laws. I will be doing so, alongside seeking resolution of actions you've taken or have threatened to take, in accordance with applicable laws.

Thanks,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: clausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Thursday, June 9, 2022 9:51 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: RE: Laptop Return

Claudia,

As informed on our 1:1 meeting yesterday, June 8th, we have spent way too much time on this issue of refreshing your old laptop and returning it to OIT as required and instructed multiple times since the first time you were notified of the need to refresh your computer on or about January 19, 2022 by OIT. After multiple reminders, follow ups, and missed appointments, you finally refreshed your laptop on April 22nd, but you opted to disregard the instructions you were provided to surrender your old laptop to be kept in OIT's custody until you needed it for your case. I was made aware on May 23rd that you hadn't returned the old laptop as you had promised the OIT Specialist on a couple occasions. I followed up with you on the same day with specific instructions to return it by May 26th and notify me when the task was completed. To date you have not returned it despite you extending the deadline and having to follow up with you since you had not provided an update. This is not a good use of our time.

As informed during our meeting on June 8th, if your intentions are not to return your old laptop despite stating in your email below that you intend to return it the next time you are in the office, please communicate your true intentions so that the agency can determine the next steps instead of these never ending postponements and follow ups. Otherwise, if the laptop is not returned by COB on June 17th (your next scheduled in-office day) as you indicated below, the Agency will have to take disciplinary action for not following instructions and being insubordinate.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, June 8, 2022 3:48 PM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: RE: Laptop Return

Carolyn,

No, I didn't get a chance to. I'll have to return it during my next in-office day.

Thanks,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: clausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, June 6, 2022 4:27 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: RE: Laptop Return

Claudia,

I meant to ask if you returned your old laptop today as you indicated on your June 1st email. Please update.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Monday, June 6, 2022 8:24 AM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>

Subject: RE: Laptop Return

Good morning,

Thanks for the update. Glad it is now working.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)





From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Monday, June 6, 2022 8:05 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: RE: Laptop Return

Carolyn,

Yes, I contacted OIT. The ticket # INC6974148.

The status is: My Microsoft Teams is working now.

Thanks,

Claudia

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Friday, June 3, 2022 3:17 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: RE: Laptop Return

Claudia,

I am following up to check whether you contacted OIT to assist you in resolving the Teams issues you have been having. Do you have an OIT ticket and what is the current status?

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Tuesday, May 31, 2022 12:01 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: RE: Laptop Return

Thanks for the update. I will be on the lookout for your response on the laptop return. Please work with OIT to get your Teams restored and/or Teams issues resolved as soon as possible.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
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5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
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[HRSA/National Practitioner Data Bank](#)



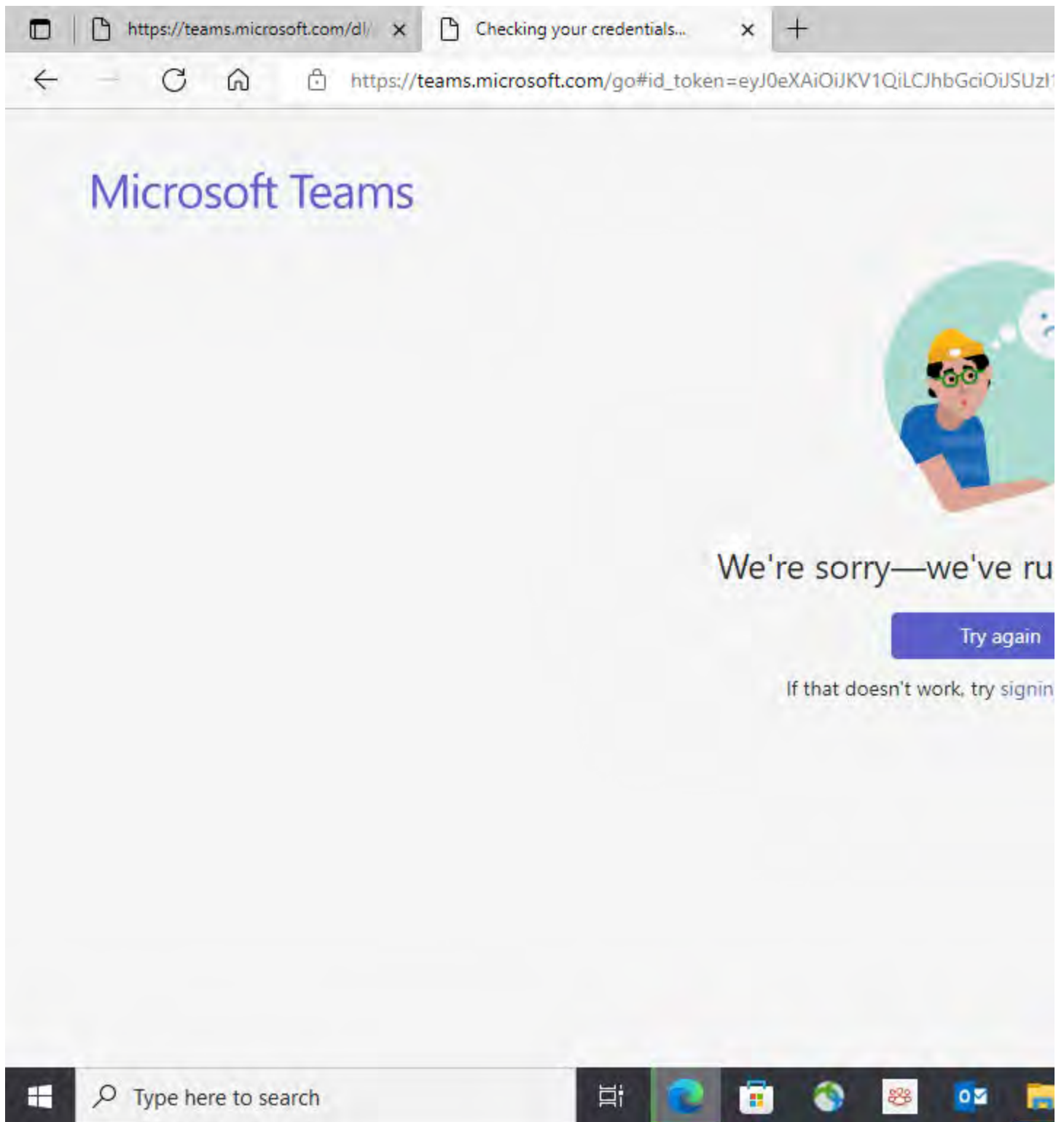
From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Tuesday, May 31, 2022 10:50 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Subject: RE: Laptop Return

Hi Carolyn,

I am on duty today, having issues bringing up teams, screenshot below. I will do my best to respond to the remainder of your concerns by the end of today.

Regards,

Claudia Rausch



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Tuesday, May 31, 2022 10:38 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: RE: Laptop Return

Hi Claudia,

As of 10.30AM this morning I have not received an update on whether you returned the laptop as instructed on May 23rd and discussed on May 25th. Please advise as soon as possible.

Are on duty today? I am not aware of any leave request for today.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
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Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, May 23, 2022 3:57 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Laptop Return

Hi Claudia,

I was made aware that you have not returned your old laptop back to OIT as planned. I am instructing you to return your old HRSA laptop to OIT by **Noon on Thursday, May 26th** and let me know once the task has been completed. If you happen to be out of the office unexpectedly on May 26th, you must return your laptop the next day you are on duty.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
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5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)





1:1 PM Fri Nov 4

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US EEOC



INFORMATION BELOW:

WHAT INFORMATION MUST YOU KEEP?

The following are some examples, not a complete list, of information you must keep. If you have questions about what you should or should not do, please contact your investigator.

- **Paper documents**, such as:
 - Employee manuals, pay stubs, work schedules
 - Letters, memos, your notes, diaries, and calendars
 - Pictures, drawings, charts, whether or not they contain words
- **Electronic information**, such as:
 - E-mails, text messages, instant messages, tweets, social media posts and pictures
 - Voice messages, video and sound recordings
 - Word processing documents, electronic calendar entries
- **Electronic memory on devices or the devices themselves**, such as:
 - Memory on computers, laptops, tablets, cell phones
 - Computers, laptops, tablets, cell phones

Do not delete, replace, alter, "wipe," or "clear" your computer hard drive, electronic tablet, or cell phone. Also ensure that settings for emails and text messages are not set to delete content after a certain period of time. If you experience a hard drive failure or n

To continue, please acknowledge that you have read the above instructions. **You will be unable to proceed further with your inquiry until you submit this acknowledgement.**

☐ I confirm that I have read these instructions

☐ I do not wish to confirm at this time

Technical Support

Accessibility Statement

Privacy Statement

1 PM Fri Nov 4

AA

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Welcome

• **Electronic information**, such as:

- E-mails, text messages, instant messages, tweets, social media posts and pictures
- Voice messages, video and sound recordings
- Word processing documents, electronic calendar entries

• **Electronic memory on devices or the devices themselves**, such as:

- Memory on computers, laptops, tablets, cell phones
- Computers, laptops, tablets, cell phones

Do not delete, replace, alter, "wipe," or "clear" your computer hard drive, electronic tablet, or cell phone. Also ensure that settings for emails and text messages are not set to delete content after a certain period of time. If you experience a hard drive failure or need to upgrade your phone or device, please keep the hard drive or original phone or device. If you post to any social media platform like Facebook and Instagram, do not delete posts related to your work or discriminatory conduct and consider making your account private.

WHY MUST YOU KEEP THIS INFORMATION? The information you must keep might be evidence related to your charge. We are required by the courts to ensure that all potentially relevant information is retained. Please note that if a lawsuit is filed based on your charge and you do not keep these records, this may cause you to lose your case, or to lose the right to recover money lost due to the discrimination.

To continue, please acknowledge that you have read the above instructions. **You will be unable to proceed further with your inquiry until you submit this acknowledgement.**

☐ I confirm that I have read these instructions

☐ I do not wish to confirm at this time

[Technical Support](#)

[Accessibility Statement](#)

[Privacy Statement](#)

From: [Rausch, Claudia \(HRSA\)](#)
To: [Moore, Melissa \(HRSA\)](#); [Kern, Michael \(HRSA\)](#); [Te, Christy \(HHS/OGC\)](#); [Dixon, Alexandra \(HHS/OGC\)](#)
Cc: [Felizzi, Peter \(HRSA\)](#); [Loewenstein, David \(HRSA\)](#); [Nganga-Good, Carolyn \(HRSA\)](#); [Burton, Adriane \(HRSA\)](#); [Padilla, Luis \(HRSA\)](#); [Pradia-Williams, Sheila \(HRSA\)](#); [Johnson, Carole \(HRSA\)](#); [Ganey, Catherine \(HRSA\)](#); [Grossman, Jordan \(HRSA\)](#); [Espinosa, Diana \(HRSA\)](#); [Kadingo, Wendy \(HRSA\)](#); [Ali, Shontae \(HRSA\)](#); [Colbert, Dale \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#); [Archeval, Anthony \(HRSA\)](#); [Toledo, Oscar \(HRSA\)](#); [Nganga-Good, Carolyn \(HRSA\)](#); [Dixon, Alexandra \(HHS/OGC\)](#); [Te, Christy \(HHS/OGC\)](#); [Ponton, Wendy \(HRSA\)](#)
Bcc: [Claudia Rausch](#); [Rausch, Claudia \(HRSA\)](#)
Subject: RE: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY
Date: Wednesday, November 9, 2022 6:48:00 AM
Attachments: [11-9-2022 attachments.pdf](#)

Good morning, Mr. Michael Kern:

My apologies for the delayed reply to your inquiry regarding the HRSA Laptop (Barcode 84789). I'm a little confused by your inquiry because my supervisors and BHW are well aware of significant events regarding this laptop and there has been substantial discussions about this laptop, between HRSA and I over the past year.

In short, this HRSA laptop was used by HRSA to conduct unlawful electronic surveillance of me and interfere with my civil rights. Specifically, my protected-EEO activities and protected whistleblowing activities from August of 2019 till April of 2022. This electronic surveillance and interference began after I filed an EEO complaint against HRSA in August of 2019. These actions by HRSA are unlawful, as I've explained in numerous emailed communications over the past two years. ***Some attached for reference.*** Accordingly, I'm pursuing a new EEO complaint and legal action against HRSA/HHS for retaliating and violating my civil rights through the unlawful electronic surveillance and interference that was conducted on the laptop you are inquiring about. Notably, these concerns about HHS's unlawful surveillance and interference are not unique to me; as some of my allegations are similar, or identical, to the ones complained of in the lawsuit pursued against HHS by five former FDA whistleblowers. ***See The Washington Post's January 29, 2012, article titled "FDA staffers sue agency over surveillance of personal e-mail".***

To further explain, **the laptop you're looking for is the original source of evidence** for a pending legal matter against HRSA, to include but not limited to, my current EEO complaint against HRSA. It is also the original source of evidence for other potential law enforcement investigations. I have carbon copied Ms. Christy Te and Ms. Alexandra Dixon, the Agency's Attorneys and Legal Counsel in this matter, in case you would like to reach out to them to obtain clarification on what this means for the Agency – the laptop being the 'original source of evidence' of my claims, and/or what the Agency can lawfully do about my possession of the laptop. Yes, it was issued to me, and I plan on turning it over to federal government agencies or organizations, who have the authority to investigate such matters. I hope this answers your inquiry with regards to the laptop.

During the last few times this laptop was discussed between HRSA and I, OIT wanted no part in the discussion. Has that changed? If so, can you please clarify what OIT laws, regulations, and/or policies allow HRSA to use government property, such as the laptop, to conduct electronic surveillance and interference with a federal employee's civil rights and EEO-activity? Also, what laws, regulations, and/or policies support HRSA's decision and attempt to remove the laptop from my possession, beginning the day after HRSA acknowledged receiving my January 1, 2022, EEO complaint about the

retaliatory surveillance that was conducted on it? I never received an answer or clarification from OIT, BHW, and anyone at HRSA in response to these questions. ***See attached OIT responses dated February 25, 2022 email from Valerie Wampler, former Division Director for DEUS and March 3, 2022 email from Funmi Fayese.*** I have carbon copied Ms. Adriane Burton, HRSA's Director of Information Technology, in case she is able to provide any clarifying information.

Notably, after filing an argument for default judgment on August 14, 2022, in support of these allegations through the EEOC's Portal – the Agency's attorneys in the matter, Ms. Te and Ms. Dixon, have not yet made a counter argument that challenge the merits of my allegations. At no point has the Agency's legal counsel attempted to justify the Agency's actions of utilizing government equipment to conduct electronic surveillance and interference of EEO-activity. Nor has the Agency's counsel presented any kind of legal argument to support the Agency's decision to try to remove the laptop from my possession after learning of my EEO complaint and complaints to Congress and the FBI. The Agency's counsel hasn't challenged any of the facts I've presented to support my arguments, nor presented contradictory evidence that discredits my allegations.

After two years of dealing directly with Ms. Te and Dixon, I find it reasonable to believe that their lack of legal argument in support of the Agency's decisions regarding the laptop confirms my conclusion – there is no legal argument that supports the Agency's actions. The Agency has no legal standing in this matter.

But please feel free to correct me if I'm wrong, Ms. Te and Ms. Dixon. Since we're on the subject....

Ms. Te and Ms. Dixon:

Have you provided advice to the Agency in support of their attempts to remove the laptop from my possession? Considering it's the original source of evidence for most of the allegations in the EEO complaint I filed on January 1, 2022? Have you given the Agency the impression that their efforts to remove evidence from my possession, in this case – the laptop, is lawful? I ask because that's the impression I have. Surely, the Agency has obtained your counsel through the course of dealing with my claims of retaliation involving this laptop, has it not?

Don't licensed attorneys have an ethical obligation to inform their clients on what the law does or doesn't allow? I'm no expert, but I thought state licensing boards forbid licensed attorneys from encouraging actions that unlawfully obstruct the availability of evidence to the opposing party, even more so when it aids a client in a criminal or fraudulent act? Do the federal laws I referenced in my June 21, 2022 email the Agency, such as those under Title 18 of the United States Code, not apply to these circumstances? ***See June 21, 2022 email on pages 134-139 of August 14, 2022 Motion for Default Judgment PDF on FEDSEP.*** Or do these terms and conditions not applicable to you and the Agency?

Have Ms. Nganga-Good and Ms. Moore completely neglected to obtain your legal counsel before harassing me continuously, in attempt to intimidate me to forgo the laptop and original source of evidence for my EEO claims? Wouldn't it be appropriate for you or someone from the Agency's Office of General Counsel, to now inform Ms. Nganga-Good and Ms. Moore on what the law allows

or doesn't allow, with regards to their attempts to remove the laptop and original source of evidence from my possession? If I receive one more email like Ms. Moore's below, that is clearly intended to remove the laptop from my possession while there are unresolved and pending allegations for which the laptop is the original source of evidence— I think it's safe to conclude that such actions are supported and encouraged through your counsel.

Melissa:

As explained in numerous previous emails to different HRSA management officials, I am unaware of any laws that remotely suggest that I should relinquish the laptop to HRSA, given these unique circumstances. It appears to me that the Agency's legal counsel is also unaware of any laws that support your insistence that I turn in the laptop while it is the original source of evidence for unresolved and pending allegations against the Agency. Even despite the fact that it is HRSA property. As explained in my June 21, 2022 email to the Agency, several laws establish that it would be unlawful for HRSA to remove the original source of evidence from my possession. This is emphasized by the EEOC Public Portal website, which instructs Complainants keep information such as *"Electronic memory on devices or the devices themselves such as...laptops..."*. ***See printscreen attached.***

Absent clarification from you, the Agency, and/or the Agency's Legal Counsel, I will continue to reasonably conclude that your instructions to turn over the laptop to HRSA **are unlawful**, and a deliberate attempt to obstruct my ability to prove the claims of my latest EEO complaint and report such matters to law enforcement and authorities that are able to investigate such matters. **I believe any instructions or directions by the Agency, which require me to relinquish possession of the aforementioned laptop are intended to cause me unrepairable harm, are unlawful, not legally enforceable, thus null and void. Any resistance from me is at most, an attempt to oppose retaliation, lawfully defend my rights, avoid irreparable harm, meet my ethical obligations as a federal employee, and NOT an attempt of misconduct.**

Please consider this email from me responsive to any and all requests from the Agency to me regarding the laptop, to include previous or future requests.

As a matter of course, **please take notice** of the following:

I believe these actions by you and the Agency are intended to at the minimum - discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws. Please also take notice that I believe these actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I'm being treated differently by the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated by the Agency because I have a disability (perceived or otherwise).

For our records, this email by me is an attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, **I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties if necessary.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Sent: Tuesday, November 8, 2022 1:34 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Kern, Michael (HRSA) <MKern@hrsa.gov>; Felizzi, Peter (HRSA) <PFelizzi@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Subject: RE: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY

Claudia,

In Carolyn's absence, I am following up on the status of the missing laptop identified below. If it has not yet been returned, this laptop must be returned by **COB tomorrow, November 9, 2022**. Please update us on the status of this requirement.

Thank you,

Melissa B. Moore, MSW, MBA

Deputy Director, Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
(301) 945-3332



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, November 2, 2022 3:16 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Kern, Michael (HRSA) <MKern@hrsa.gov>; Felizzi, Peter (HRSA) <PFelizzi@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Subject: RE: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY
Importance: High

Hi Claudia,

What is the status of this inquiry? If you have not responded to Michael, please do so no later than COB tomorrow, November 3rd.

Thanks,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Kern, Michael (HRSA) <MKern@hrsa.gov>
Sent: Thursday, October 20, 2022 1:20 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Felizzi, Peter (HRSA) <PFelizzi@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Subject: RE: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY

Hello Claudia,

Please advise.

Michael Kern

Property, IT, Space, Supplies, Safety, COOP Liaison for the Workforce Administration Team

Executive Office
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, 15W41A
Rockville, MD 20857
301.443.2918 | Voice
MKern@hrsa.gov | E-mail



TOPIC	LOCATION (click on links below)
Administrative Resources	Administrative SharePoint Site for BHW Staff

Facilities, IT, Supplies and Property (FISP) Requests	BHW Division Admin Points of Contact (Please contact your Division Admin POC to submit a FISP Request)
Time and Attendance	ITAS Job Aids & BHW Timekeeper Directory
Travel	BHW Travel Guidance

From: Kern, Michael (HRSA)

Sent: Tuesday, October 18, 2022 10:03 AM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Felizzi, Peter (HRSA) <PFelizzi@hrsa.gov>

Subject: RE: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY

Hello Claudia,

Following up on this. Please advise.

Michael Kern

Property, IT, Space, Supplies, Safety, COOP Liaison for the Workforce Administration Team

Executive Office

Bureau of Health Workforce

Health Resources and Services Administration

5600 Fishers Lane, 15W41A

Rockville, MD 20857

301.443.2918 | Voice

MKern@hrsa.gov | E-mail



TOPIC	LOCATION (click on links below)
Administrative Resources	Administrative SharePoint Site for BHW Staff
Facilities, IT, Supplies and Property (FISP) Requests	BHW Division Admin Points of Contact (Please contact your Division Admin POC to submit a FISP Request)
Time and Attendance	ITAS Job Aids & BHW Timekeeper Directory
Travel	BHW Travel Guidance

From: Kern, Michael (HRSA)

Sent: Wednesday, September 28, 2022 2:44 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Subject: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY

Hello CLAUDIA,

Please see below the HRSA asset marked “MISSING” during the annual Property Inventory process. Our database shows your office as having possession of said asset. **Please reply to this email confirming possession of this asset no later than close of business 10/5.**

HRSA Barcode	Manufacturer	Model	Asset Description
84789	DELL	E7280	COMPUTER LAPTOP

Thanks!

Michael Kern

Property, IT, Space, Supplies, Safety, COOP Liaison for the Workforce Administration Team

Executive Office

Bureau of Health Workforce

Health Resources and Services Administration

5600 Fishers Lane, 15W41A

Rockville, MD 20857

301.443.2918 | Voice

MKern@hrsa.gov | E-mail



TOPIC	LOCATION (click on links below)
Administrative Resources	Administrative SharePoint Site for BHW Staff
Facilities, IT, Supplies and Property (FISP) Requests	BHW Division Admin Points of Contact (Please contact your Division Admin POC to submit a FISP Request)
Time and Attendance	ITAS Job Aids & BHW Timekeeper Directory
Travel	BHW Travel Guidance

Rausch, Claudia (HRSA)

From: Rausch, Claudia (HRSA)
Sent: Monday, November 28, 2022 4:56 AM
To: Loewenstein, David (HRSA)
Cc: Moore, Melissa (HRSA); Loewenstein, David (HRSA); Padilla, Luis (HRSA); Pradia-Williams, Sheila (HRSA); Johnson, Carole (HRSA); Ganey, Catherine (HRSA); Grossman, Jordan (HRSA); Espinosa, Diana (HRSA); Kadingo, Wendy (HRSA); Ali, Shontae (HRSA); Colbert, Dale (HRSA); Lee, Kelli (HRSA); Archeval, Anthony (HRSA); Toledo, Oscar (HRSA); Nganga-Good, Carolyn (HRSA); Dixon, Alexandra (HHS/OGC); Te, Christy (HHS/OGC); Ponton, Wendy (HRSA)
Subject: RE: Dispute Cases Follow up

Tracking:	Recipient	Delivery
	Loewenstein, David (HRSA)	Delivered: 11/28/2022 5:12 AM
	Moore, Melissa (HRSA)	Delivered: 11/28/2022 5:12 AM
	Loewenstein, David (HRSA)	
	Padilla, Luis (HRSA)	
	Pradia-Williams, Sheila (HRSA)	Delivered: 11/28/2022 5:12 AM
	Johnson, Carole (HRSA)	Delivered: 11/28/2022 5:12 AM
	Ganey, Catherine (HRSA)	Delivered: 11/28/2022 5:12 AM
	Grossman, Jordan (HRSA)	Delivered: 11/28/2022 5:12 AM
	Espinosa, Diana (HRSA)	Delivered: 11/28/2022 5:12 AM
	Kadingo, Wendy (HRSA)	Delivered: 11/28/2022 5:12 AM
	Ali, Shontae (HRSA)	Delivered: 11/28/2022 5:12 AM
	Colbert, Dale (HRSA)	Delivered: 11/28/2022 5:12 AM
	Lee, Kelli (HRSA)	
	Archeval, Anthony (HRSA)	Delivered: 11/28/2022 5:12 AM
	Toledo, Oscar (HRSA)	
	Nganga-Good, Carolyn (HRSA)	Delivered: 11/28/2022 5:12 AM
	Dixon, Alexandra (HHS/OGC)	
	Te, Christy (HHS/OGC)	
	Ponton, Wendy (HRSA)	Delivered: 11/28/2022 5:12 AM
	Claudia Rausch	

Dear Mr. David Loewenstein:

For our records, please note **that I believe your November 7, 2022, email in reply to my reports of discrimination, retaliation, and harassment, is retaliatory** as it fails to consider any of the objective evidence that I have provided to you over the course of this year.

Accordingly, I reasonably believe your November 7, 2022, email makes a deliberate attempt to ignore and discredit my claims and is done with intent to further retaliate against me.

Consequently, **please consider this email as formal notice** that:

I intend to pursue a claim of discrimination and retaliation as a result of the actions described above. I believe these actions by you and the Agency are intended to at the minimum - discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws. Please also take notice that I believe these actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I'm being treated differently by the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated by the Agency because I have a disability (perceived or otherwise).

In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties if necessary. Please note that this communication by me is an attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614, the NO FEAR ACT, and applicable whistleblower protection laws.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Sent: Monday, November 7, 2022 1:48 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: RE: Dispute Cases Follow up

Claudia,

I am following up on your allegations that both Carolyn and Melissa are retaliating against you. I take such claims very seriously and it is important to me to have a workforce free from harassment and retaliation. I reviewed your claim and the messages on which I was copied.

Regarding your claims against Carolyn of misrepresentations of verbal communications, increased scrutiny of work and attempts to sabotage work, and threat of lower performance rating, I do not see any harassing or retaliatory actions. What I see in reviewing the materials is a supervisor attempting to set appropriate and reasonable expectations for work to be performed including deadlines. I do not see a linkage between your concerns and Carolyn setting clear and reasonable expectations for you as an employee.

Regarding your claim against Melissa of threatening to charge you AWOL, I see no evidence of retaliatory actions. What I see in my review is that you were issued a leave restriction on September 21, 2022, and that Melissa, in Carolyn's absence, was reminding you of the requirements of that leave restriction and requesting your compliance with the terms of that restriction. This is not a threat of retaliation.

As you know, you can also send your claim of retaliation to the Office of Human Resources and the EEO office. The OHR SharePoint site for Workplace Violence, Harassment, and Sexual Harassment may be found here: <https://sharepoint.hrsa.gov/oo/ohr/SitePages/Work%20Place%20Issues.aspx>. You may reach the OHR via their

SharePoint site, or this email box - HRSA Report Harassment ReportHarassment@hrsa.gov. The EEO can be reached via their SharePoint site, (<https://sharepoint.hrsa.gov/oa/ocrdi/Pages/Home.aspx>), or this email box EEOcomplaints@hrsa.gov.

Regards,
Dave

David Loewenstein
Director
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
Office: 301-443-8263



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Thursday, November 3, 2022 10:23 AM
To: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Gaskill, Sheena (HRSA) <SGaskill@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Toledo, Oscar (HRSA) <OToledo@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>; Dixon, Alexandra (HHS/OGC) <Alexandra.Dixon@hhs.gov>; Te, Christy (HHS/OGC) <Christy.Te@hhs.gov>; Ponton, Wendy (HRSA) <WPonton@hrsa.gov>
Subject: FW: Dispute Cases Follow up
Importance: High

Dear Mr. David Loewenstein:

Previous attempts to reach resolution and communicate concerns of unlawful retaliation directly with my first-level supervisor, Carolyn Nganga-Good and second-level supervisor, Melissa Moore, have been unsuccessful. Previous efforts to gain support from Kelli Lee, BHW's Labor and Employment (LER) Specialist, with regards to responding to and acting on retaliation, discrimination, and harassment have also proven to be unreliable.

Accordingly, **I am escalating concerns of the most recent incident(s) of retaliation by Ms. Nganga-Good and Ms. Moore, directly to you**, in attempt to provide the Agency with an opportunity to address such matters in accordance with applicable law and exhaust any available resources that may be available to me by the Agency. If there is another management official that I should be reporting the retaliatory harassment I've experienced from Ms. Nganga-Good and Ms. Melissa Moore, please advise. In the interest of everyone's time, I have carbon copied the Agency's counsel in the matter involving my two formal EEO complaints, on this correspondence. I have also included the Agency's Human Resources office and other managers in my chain of command, in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to consider legal action against any accountable parties.

If I continue to experience retaliation by Ms. Nganga-Good and Ms. Moore, or if Ms. Nganga-Good and Ms. Moore move forward with taking the threatened retaliatory actions and prohibited personnel actions against me; I will have

no choice but to name you as the Responsible Management Official(s) ("RMO(s)") in these new EEO claims and any related report to the Office of Special Counsel ("OSC"), or a potential request for corrective action from the OSC, or related activity.

I. ESCALATION OF NEW INCIDENTS OF RETALIATION BY FIRST-LEVEL SUPERVISOR

a. Background

As evident by over 19 emails between Ms. Nganga-Good and myself over the last year, all which you and the Agency have been carbon copied, the following events relevant to this matter, are established by surrounding facts and written records:

1. I've participated in continuous protected EEO activities and protected opposition from May of 2019, till present.
2. I've participated in whistleblowing activity and have made several protected disclosures from on or around March 2020, till present.
3. Ms. Nganga-Good has known of my protected-activity since May of 2020.
4. I have alleged that Ms. Nganga-Good has retaliated against me on at least ten occasions this year in 2022.
5. Ms. Nganga-Good's adverse treatment of me has occurred in close proximity after she has learned about my protected EEO activity and protected disclosures.

b. Misrepresentations of Verbal Communications regarding Work Tasks (Dispute Cases) by Ms. Nganga-Good made on October 17, 2022, and November 2, 2022.

On October 17, 2022, and November 3, 2022, Ms. Nganga-Good's misrepresents a verbal meeting she had with me, in what appears to be an attempt reconstrue the facts in furtherance of illegitimately attacking my performance. Specifically, she stated on October 17, 2022 "Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week" and "The last update from you on Oct 5th was that you'd have both of them done by October 21st." ***Please see November 2, 2022, email from Ms. Nganga-Good attached.***

Contrary to Ms. Nganga-Good's assertion, I did not state I would have both dispute cases done by October 21, 2022. I stated I would do my best to have these cases done as fast as I can. Notably, I am not the only employee reporting to Ms. Nganga-Good, who has participated in protected activity, and has alleged that Ms. Nganga-Good has misrepresented verbal conversations for the purposes of furthering unlawful retaliation.

c. Increased Scrutiny of Work and Attempts to Sabotage My Work Progress by Overwhelming Me with Retaliatory Actions, by Ms. Nganga-Good

With regards to the two dispute cases referenced by Ms. Nganga-Good in her November 2, 2022, email, my progress of working on these tasks over the past two months, has been repeatedly disrupted by Ms. Nganga-Good's efforts to overwhelm me with retaliatory actions, as evident by the numerous emails I have carbon copied you on over the past year.

Even if this weren't the case, my turnaround time for completing these tasks is no different or worse from last year, in which my performance with the Agency was rated as exceeding performance expectations. Ms. Nganga-Good's rationale for her new and increased scrutiny of the turnaround time in which dispute cases are completed, is contradicted by both the current PMAP standards and her own prior statements, to include her own testimony under oath on August 27, 2021, during the EEOC Hearing for my first EEO complaint. Thus, her position is completely unsupported by facts and applicable law.

Accordingly, I reasonably believe Ms. Nganga-Good's increased scrutiny of these work tasks is being **done in effort to substantiate an illegitimate lower performance rating, take a prohibited personnel action against me**; thus, amounts to Abuse of Authority, as defined by the Office of Special Counsel.

I will do my work as fast as I can. The faster that the Agency will stop retaliating against me, the faster I can get my work done.

d. Threat of Lower Performance Rating by Ms. Nganga-Good is Based on Illegitimate Reasons, Amounts to Prohibited Personnel Action

Following Ms. Nganga-Good's retaliatory scrutiny of my work as described above, her November 2, 2022, email alleges "[my] performance is not meeting expectations" and that its "not acceptable given [my] GS-13 grade level" and threatens that my "PMAP rating could be impacted". **Ms. Nganga-Good's rationale is not legally supported, by law or facts, and completely unjustified as further explained.**

Ms. Nganga-Good's November 2, 2022, email attempts to support her position by referencing a "Counseling Memorandum dated April 19, 2022" that she issued to me only hours after learning my EEO-activity that day, in I followed up with the status of my current EEO complaint with the Agency. This is further explained in an April 25, 2022 emailed reply I sent to her, which I carbon copied you on.

Ms. Nganga-Good alleges that "[my] work assignments are often untimely and [I] often fail to update [her] appropriately" and that "[she] often [has] to remind [me] or follow up frequently before [I] finally take action". There is no evidence that suggests I am performing my work tasks any differently from last year in which I was rated as "surpassing performance expectations". There is also substantial evidence, all, or most, which has been provided to you, that **any potential decrease in my work performance is a result of the overwhelming amount of retaliatory harassment and discrimination** I've experienced from Ms. Nganga-Good.

Uncontroverted evidence establishes that I have proven record of surpassing performance expectations annually at the Agency. In fact, **I have surpassed performance expectations each year, for the eleven years of my federal employment, since 2010.**

If Ms. Nganga-Good and/or the Agency proceeds with the threat of giving me a lower performance rating, I believe an authoritative body will easily conclude that the relevant evidence in this matter establishes there is pretext to mask discrimination/retaliation, and my previous protected disclosures and EEO-activity are at the minimum, contributing factors in the decision.

As I understand prior decisions by the Merits Systems Protection Board and Office of Special Counsel, a lower performance rating and/or change in GS grade level, is undisputedly considered a personnel action that is prohibited, if it occurred as a result of protected activity and/or protected disclosures. In fact, Ms. Nganga-Good's November 2, 2022, threat of giving me a lower performance rating, on its own, amounts to a prohibited personnel practice pursuant to 5 U.S.C. 2302(b)(8).

II. ESCALATION OF NEW INCIDENTS OF RETALIATION BY SECOND-LEVEL SUPERVISOR

e. Background regarding Reprisal by Melissa Moore

In addition to the facts, I cited in my **October 4th, October 5th, October 20th, 2022, and October 27, 2022,** emailed communications regarding the September 21, 2022, Leave Restriction and Telework Suspension, it is evident by over 25 emailed communications between Ms. Moore, and/or the Agency and myself, that during the last three years since May of 2019, the following events also occurred:

1. Ms. Moore has been aware of my protected EEO-activity and protected disclosures since May of 2019.
2. This includes a protected disclosure on or around March-April of 2020, in which I alleged that Ms. Moore had abused her authority, as defined by the Office of Special Counsel.
3. Ms. Moore was well aware, beginning on or around February of 2020, that I needed a reasonable accommodation (RA).

4. Shortly following my protected disclosure alleging Abuse of Authority in March-April of 2020, I was denied a reasonable accommodation on or around April 24, 2020, through the use of a misrepresented medical review.
5. Ms. Moore is aware that I've asserted I was illegitimately denied a reasonable accommodation, as well as the undisputed facts that have led me to form that conclusion.
6. The medical information I provided to the Agency on or around February 2020, for the purposes of obtaining a reasonable accommodation, was negligently distributed by the Agency to Human Resources Office, and later weaponized against me in attempt to misrepresent my ability to perform my job. My medical information was misused against me in attempt to further retaliate against me and discredit my claims of unlawful harassment and retaliation.
7. Ms. Melissa Moore and the Agency is well aware of all aforementioned events.
8. You and/or the Agency have been made aware of these events, as all related emails and documents have been provided to the Agency in one form or another.

f. Threat of Prohibited Personnel Action, AWOL, by Ms. Melissa Moore

Despite the facts cited in my related October 2022 emailed correspondence, and the ones above, Ms. Moore threatened on October 27, 2022, that she is "charging [me] with AWOL for 2 hours on September 28, and 8 hours on September 29." ***See attached.***

As I understand applicable law and preceding decisions by the Merits Systems Protection Board (MSPB), the denial of leave, placement on AWOL, and any decision concerning pay is, undisputedly, a covered personnel action. Thus, prohibited when surrounding facts establish that it occurred due to protected activity or a protected disclosure, or for a prohibited reason. See *Arauz v. DOJ, 89 MSPR 529 (2001)*, *Coons v. Dept. of Treasury, 85 MSPR 631 (2000)*, and *Lawley v. Dept. of Treasury, 84 MSPR 253, 259, (1999)*.

Given the surrounding circumstances and large volume of documentation around this matter, I believe the relevant facts easily establish that Ms. Moore's threat of AWOL is clearly due to a prohibited reason, in violation of the Merits Systems Principles and 5 USC 2302.

III. CONCLUSION

As my third-level supervisor, I am escalating these concerns of retaliation and discrimination to you, with the understanding that my higher-level supervisors have a legal and ethical obligation to take appropriate action on these concerns and stop retaliatory harassment and discrimination from occurring. I respectfully request that you address these issues and put a stop to the retaliation and discrimination that I am experiencing.

To summarize, I **believe these actions by Carolyn Nganga-Good and Melissa Moore are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws.** Please also take notice that I believe these actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I'm being treated differently by the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated by the Agency because I have a disability (perceived or otherwise).

For our records, this email by me is an attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, **I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties if necessary.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, November 2, 2022 3:13 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: Dispute Cases Follow up
Importance: High

Hi Claudia,

What is the status of your two dispute cases? The last update from you on Oct 5th was that you'd have both of them done by October 21st. As of today, I have not gotten the drafts for review or any updates despite sending you a reminder on October 18th. **Please advise the status of these cases by Noon tomorrow, November 3rd and have them completed and sent to peer review no later than COB this Friday, November 4th.**

I am notifying you again that your performance is not meeting expectations. I outlined my concerns numerous times as well as in the Counseling Memorandum dated April 19, 2022, that I issued you. These two cases have been in your queue since March 24, 2022 and June 24, 2022 with little progress. Your work assignments are often untimely and you often fail to update me appropriately. Of additional concern is that I often have to remind you or follow up frequently before you finally take action. This is not acceptable given your GS-13 grade level. If your performance continues in this manner your PMAP rating could be impacted. I expect immediate improvement.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Nganga-Good, Carolyn \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Subject: RE: Follow Up - Dispute Cases
Date: Tuesday, November 29, 2022 4:59:39 PM
Attachments: [FW Dispute Cases Follow up .msg](#)
[FW Dispute Cases Follow up .msg](#)
Importance: High

Hi Claudia,

Thank you for your response below. However, your responses and the referenced emails do not provide the updates that I have asked you for. Specifically, I need you to please provide me with an update regarding the status of your outstanding two dispute cases and the timeline for completion by **COB Wednesday, November 30, 2022**. Both dispute cases are way overdue (the last estimated completion date was 10/21/2022) and they need to be closed as soon as possible. Your inaction on these cases and lack of timely updates on their status do not meet the expected performance expectations.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Monday, November 28, 2022 5:37 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: RE: Follow Up

Hi Carolyn,

Welcome back from leave, I hope you enjoyed your time off.

In response to your October 17, 2022, email below, please see my reply in **red, bold lettering** below under your different inquiries:

As notified and instructed on September 21, 2022, via the Leave Restriction Memo and thereafter in multiple communications, you were to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022. To date, you have failed to follow these instructions and you have not confirmed your whereabouts. You are expected to comply with the leave restriction instructions you were provided.

Please see my October 27, 2022, email to Melissa Moore, and follow-up related emails, which I carbon copied you on, as responsive to this inquiry regarding the leave restriction.

In addition, you have been instructed to return you old HRSA laptop to OIT on multiple occasions in the last couple of months. To date you have not complied with these instructions. You are required to comply with all the Agency policies and to follow instructions to return your old HRSA laptop with immediate effect.

Please see my November 9, 2022, email to Michael Kern, which I carbon copied you on, as responsive to your inquiry about the old laptop.

Lastly, as a reminder, the decision letter for DCN# 2184 case was due last month, 9/24 and for DCN# 8659 it is due no later than this Friday, Oct 21, 2022. Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week. As of today per Tracker, you have not submitted any drafts to your peer reviewer nor have I heard from you otherwise. You are expected to complete both cases and submit them to your peer reviewer no later than this Friday, October 21st and submit for my review and finalization shortly thereafter, in order to close these cases as soon as possible.

Please see my November 3, 2022, emails to David Loewenstein and Luis Padilla, which I carbon copied you on, as responsive to your inquiry about these dispute cases.

If there is a change or adjustment in the work environment, you believe would enable you to perform the essential functions of your full-time position you may contact the Reasonable Accommodation office for further information on the process for filing a reasonable accommodation request. You may contact Reasonable Accommodation at RA-Request@hrsa.gov. If you do submit a request under Reasonable Accommodation, please keep me as your supervisor updated on the status of such request(s) made. I have included the RA office on this email as appropriate.

Please see the November 28, 2022, email I sent this morning to HRSA's RA office, which I

carbon copied you on, as responsive to your inquiry about my RA needs.

Best,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, October 17, 2022 4:40 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>
Subject: Follow Up

Hi Claudia,

As notified and instructed on September 21, 2022 via the Leave Restriction Memo and thereafter in multiple communications, you were to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022. To date, you have failed to follow these instructions and you have not confirmed your whereabouts. You are expected to comply with the leave restriction instructions you were provided.

In addition, you have been instructed to return you old HRSA laptop to OIT on multiple occasions in the last couple of months. To date you have not complied with these instructions. You are required to comply with all the Agency policies and to follow instructions to return your old HRSA laptop with immediate effect.

Lastly, as a reminder, the decision letter for DCN# 2184 case was due last month, 9/24 and for DCN# 8659 it is due no later than this Friday, Oct 21, 2022. Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week. As of today per Tracker, you have not submitted any drafts to your peer reviewer nor have I heard from you otherwise. You are expected to complete both cases and submit them to your peer reviewer no later than this Friday, October 21st and submit for my review and finalization shortly thereafter, in order to close these cases as soon as possible.

If there is a change or adjustment in the work environment you believe would enable you to perform

the essential functions of your full-time position you may contact the Reasonable Accommodation office for further information on the process for filing a reasonable accommodation request. You may contact Reasonable Accommodation at RA-Request@hrsa.gov. If you do submit a request under Reasonable Accommodation, please keep me as your supervisor updated on the status of such request(s) made. I have included the RA office on this email as appropriate.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Slye-Griffin, Katherine \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#); [HRSA Reasonable Accommodation](#)
Subject: RE: RA Case Communication: HRSA-2023-1884
Date: Tuesday, November 29, 2022 5:21:04 PM
Attachments: [image001.png](#)

Hi Claudia,

For your awareness, it is our obligation to maintain your privacy under the Rehabilitation Act of 1973. Accordingly, we may not communicate with individuals who do not have a defined “need to know” under the Rehabilitation Act of 1973. Therefore, I am emailing you directly and not replying all as that would be a violation of your privacy.

As stated in the RA policy, it is always your right to pursue an EEO complaint. As we are members of the Office of Civil Rights, Diversity, and Inclusion (OCRDI) – we uphold every staff member’s right to participate in the EEO process as well as other processes such as MSPB, Union, etc. We do not abide retaliation and we do not interfere with the complaint process. Reasonable accommodation and EEO complaints are held as separate and distinct processes at HRSA. All OCRDI staff provide neutral facilitation of the processes which they administer.

If you wish to move forward in the reasonable accommodation process, Dominique and I are here to support you.

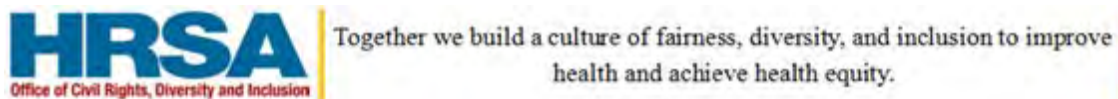
Regarding your questions, we will answer any further questions through the EEO process given your statement that we will be called in to a complaint.

Thanks!
Katie

Pronouns: she/her/hers

Katherine A. Slye-Griffin | Accessibility Section Chief

Health Resources and Services Administration (HRSA) | Office of Civil Rights, Diversity and Inclusion (OCRDI)
5600 Fishers Lane, 14N176 | Rockville, MD | Phone: (301) 443-2538 | Email: kslye-griffin@hrsa.gov



If you have any questions about our services, or are experiencing accessibility issues with an attachment, please email OCRDI@hrsa.gov or call 301-443-5636. Please do not send confidential information or documents to OCRDI@hrsa.gov.

We value your feedback. Complete our [OCRDI Customer Satisfaction Survey](#).

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Sent: Monday, November 28, 2022 5:12 AM

To: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinoza@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Toledo, Oscar (HRSA) <OToledo@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>; Dixon, Alexandra (HHS/OGC) <Alexandra.Dixon@hhs.gov>; Te, Christy (HHS/OGC) <Christy.Te@hhs.gov>; Ponton, Wendy (HRSA) <WPonton@hrsa.gov>

Subject: RE: RA Case Communication: HRSA-2023-1884

Good morning, Ms. Dominique Coffee and Ms. Katherine Slye-Griffin:

Thank you for your follow-up. I do have additional questions.

As a matter of course, please note that this communication by me is an attempt to exercise **my rights to protected opposition pursuant to 29 CFR Part 1614, the NO FEAR ACT**, and applicable whistleblower protection laws.

I would first like to note for our records that your November 25, 2022, email **fails to explain why you only gave me a seven-day notice** that I had a due date of November 16, 2022, to provide medical documentation **in order to avoid having my reasonable accommodation ("RA") denied**. Despite your claim that *"Employees are provided (3) weeks to submit documentation upon initiation of a request"*.

Nowhere in the HRSA RA Policy and Procedures Manual, does it indicate that employees have *"(3) weeks to submit documentation"* and that this is a standard practice that is applied to all employees. Nor did I have any way of knowing before your November 9, 2022, email that you needed additional documentation for my reasonable accommodation needs.

Accordingly, I reasonably believe that **these actions by you and HRSA's RA office are intended to interfere with my rights to an RA. These actions amount to unlawful retaliation and interference** with protected-activity as defined by the ADA, the Rehabilitation Act and EEOC regulations. Given that Agency leadership is well aware that I have also engaged in whistleblowing activity, these actions appear to be an attempt by the Agency to commit a prohibited personnel practice in violation of Title 5 of the United States Code, Section 2302(b)(14) and an Abuse of Authority as defined by the Office of Special Counsel.

Consequently, **please consider this email as formal notice** that:

I intend to pursue a claim of discrimination and retaliation against HRSA's RA office as a result of the actions described above. I believe these actions by you and the Agency are intended to at the minimum - discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws. Please also take notice that I believe these actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination against me. I believe I'm being treated differently by the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated by the Agency because I have a disability (perceived or otherwise).

In effort to exhaust my responsibility to gain resolution through any processes that may be available to me by the Agency, I have carbon copied additional Agency management officials/employees in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties if necessary.

For your convenience, my questions are underlined in the body of this email, below:

I. THE AGENCY ALREADY HAS KNOWLEDGE AND SUFFICIENT DOCUMENTATION OF MY DISABILITY AND REASONABLE ACCOMMODATION NEEDS

The EEOC has held that an employer may only request "*documentation when [an employee] requests a reasonable accommodation*" in instances "*when the need for an accommodation is not known or obvious*". According to the EEOC, "*when an employee provides sufficient evidence of the existence of a disability and the need for reasonable accommodation, continued efforts by the employer to require that the individual provide more documentation and/or submit to a medical examination could be considered retaliation.*" ***See Enforcement Guidance on Disability Related Inquiries and Medical Examination of Employees under the ADA, Paragraph A. 7 and B.11, also referenced on pgs. 14 and 16 of HRSA RA Policy.***

Does the EEOC's Enforcement Guidance on Disability Related Inquiries and Medical Examination of Employees under the ADA apply to HRSA?

I ask because, the Agency has known about my disability related accommodation needs since at least February of 2020. The Agency has also been further reminded of my RA needs through multiple emailed communications since then, to include but not limited to, communications that occurred during fall of 2020, April 2022, June-July 2022, and the Agency's own investigation into my August 2019 formal EEO complaint and the EEOC administrative process that followed.

The Agency personnel aware of this information includes but is not limited to: at least four supervisors in my chain of command (*Carolyn Nganga-Good, Melissa Moore, David Loewenstein, and Dr. Luis Padilla*), the Agency's legal counsel (*Christy Te and Alexandra Dixon*), and Mr. Anthony Archeval, Director of OCRDI. Subsequently, I don't understand how your office concluded that "*to date OCRDI has not received a formal request for accommodation*" and "*OCRDI has not received a formal accommodation request or current medical documentation necessary to substantiate the existence of a disability under the Rehabilitation Act of 1973*".

Can you please clarify the basis for determining that OCRDI and/or the Agency does not have record of my reasonable accommodation needs and medical documentation that supports my right to an RA, when OCRDI conducted the investigation into my August 2019 EEO complaint which contained substantial and adequate information to support an RA?

I have referenced my RA needs continuously in related communications with Agency management all year, and not until October 2022, was I referred to your office to apply for an RA. Why is that?

- **Why has the Agency decided to make an RA referral now, when it has known about my RA needs since at least February 2020 and has been routinely reminded of these RA needs every month this year, since April of 2022?**

- **Which Agency management officials told you that there isn't medical documentation on file for me already in support of an RA?** Because they all received it and I'm very confused by your assertion that the Agency does not have medical documentation on file already in support of my RA needs. **Can you please clarify?**

Previous medical documentation and related information the Agency is in possession of, establishes at the minimum, the following:

- a. I have experienced panic attacks and panic attack symptoms for a minimum period of 10 months, beginning December of 2019 that were disabling and meet the ADA's definition of a disability. See the Report of Investigation (ROI) for my August 2019 EEO Complaint, which OCRDI and/or the Agency has. ***Some of this evidence is viewable at ROI Pgs. 598, 540 through 544, 551-581, 196, 589, 599-600, and pg. 196 of the ROI.***
- b. Telework was an effective accommodation, accordingly a nexus between the disability and need for an accommodation. ***pg. 13 of PDF in Ms. Rausch's "6-5-2020 All Attachments" in support of my August 2019 EEO complaint on the EEOC's Public Portal.***
- c. As evident by my 2015 through 2021 PMAP ratings, ***I surpassed performance expectations each and every year at the Agency since 2015.*** The Agency has clear and objective evidence that I can perform the essential functions of my position and meet the ADA's definition of "qualified," with respect to an individual with a disability, because I have satisfied the requisite skill, experience, education and other job-related requirements of the position I hold, with or without reasonable accommodation. 29 C.F.R. §1630.2(m).

Can you please tell me what laws and regulations authorize the Agency to completely ignore the evidence they have in their possession of the record of my disability, RA needs, and evidence that I qualify for an RA?

- **Can you please clarify, what laws or regulations entitle the Agency to ask for more**

medical documentation to support providing an RA, when it already received it?

Under the ADA as amended, the definition of disability is defined as:

- a. A physical or mental impairment that substantially limits one or more major life activities of such individual;
- b. A record of such an impairment; or
- c. Being regarded as having such an impairment

Can you please explain to me, how my record of experiencing panic attacks and panic attack symptoms which the Agency is well aware of, doesn't already establish that I meet the ADA's definition of disability?

Pursuant to 29 CFR 1630.2(h), the phrase "physical or mental impairment" includes "(2) Any mental or psychological disorder, such as an intellectual disability (formerly termed "mental retardation"), organic brain syndrome, emotional or mental illness, and specific learning disabilities." Major life activities include but are not limited to: "(i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working". 29 C.F.R. §1630.2(i)(1)(i).

Per the EEOC, an employer is only entitled to reasonable documentation to demonstrate that an individual has a disability covered under the ADA and to evidence of the need for an accommodation. An employer may not ask for documentation unrelated to determining the existence of the specific disability for which a reasonable accommodation was requested. ***See EEOC Enforcement Guidance on Reasonable Accommodation and Undue Hardship, at Q. 6. Also linked on page 18 of HRSA RA Policy.***

Do these federal regulations and EEOC Guidance apply to HRSA?

-

Can you please clarify how the Agency formed the conclusion that the medical documentation they have on file does is not considered a "physical or mental impairment" as defined above?

-

II. THE AGENCY'S MEDICAL INQUIRY IS CONSIDERED RETALIATION AND NOT JOB RELATED OR CONSISTENT WITH BUSINESS NECESSITY

The EEOC has held that any employee has the right to challenge a disability-related inquiry or medical examination that is not job-related and consistent with business necessity. ***See paragraph B of EEOC Enforcement Guidance on Disability Related Inquiries and Medical Examination of Employees under the ADA.***

Can you please clarify how your November 9, 2022, disability-related inquiry is job-related and consistent with business necessity?

-

What objective evidence has the Agency relied on to conclude that the medical documentation they have on record in support of my February 2020 RA request, is insufficient?

-

III. FOH MEDICAL REVIEWS ARE NOT REQUIRED IN ORDER FOR FEDERAL EMPLOYEES TO OBTAIN AN RA, NOR ARE AUTHORIZED BY LAW. THE AGENCY IS ONLY ENTITLED TO ADEQUATE MEDICAL INFORMATION

Pursuant to 29. C.F.R. §1630.2(j)(1)(i), *"The term 'substantially limits' shall be construed broadly in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA. 'Substantially limits' is not meant to be a demanding standard. (iv) The determination of whether an impairment substantially limits a major life activity requires an individualized assessment, (v)...usually doesn't require scientific, medical, or statistical analysis, (vi) should be made without regard to the ameliorative effects of mitigating measures, [and] (vii) An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active."*

Several of the "impairments" specified in my RA documentation that the Agency already has in its possession, meet the ADA's definition of *"Predictable Assessments"* which *"will virtually always result in a determination of disability [because] the inherent nature of these types of medical conditions will in virtually all cases give rise to a substantial limitation of a major life activity."* An individualized assessment of these types of ADA covered disabilities *"should be particularly simple and straightforward."* 29 C.F.R. §1630.2(j)(3)(ii).

Can you please clarify why the Agency is now again attempting to obtain an FOH medical opinion in reply to my needs for a reasonable accommodation, when it already has written documentation on file from my physician?

-

Why is the Agency seeking an FOH medical opinion, when the above referenced regulation does not even require scientific or medical analysis?

This does not conclude the questions I have for your office and/or the Agency in relation to this matter.

In the interest of time, I will follow-up with my remaining questions at another time. I take it you are new to HRSA and the federal government, Ms. Coffee? I apologize we had to meet under these circumstances. I strongly recommend that you document your communications between you and Agency personnel, since it appears that you are being instructed to manage reasonable accommodations in a manner not in alignment with federal law that governs the federal sector, as explained above.

I look forward to your response and clarification to my questions. Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (**BHW**)

☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: HRSA RA Site <RA-Request@hrsa.gov>

Sent: Friday, November 25, 2022 3:48 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>

Subject: RA Case Communication: HRSA-2023-1884

Dear Claudia,

I just wanted to follow up with you. Please let me know if you have any additional questions.

Thank you,
Dominique Coffee

Accessibility Specialist
OCRDI's Accessibility Section

REMINDER! Medical Confidentiality

As with all RA requests, the medical basis for this request will be held as confidential by OCRDI. To be specific, in accordance with the Rehabilitation Act, this office does not provide any medical documentation associated with that request to the employee's supervisor/manager. Further, all supporting medical documentation and/or requests for medical documentation are to be requested, received and reviewed by OCRDI, only. This is to prevent potential future claims of the agency/management illegally disclosing this information to those who do not have a need to know.

Also, please be aware that any medical information that is shared with a Manager/Supervisor either by the employee or by OCRDI, **including the fact that the employee (1) even has a medical condition or (2) has requested/received accommodation, MUST** be kept confidential. One may only disclose information relating to RA to those with a need to know. Disclosure of this information to someone who doesn't have a need to know may be a per se violation of the Rehabilitation Act. If someone has a question as to whether an individual meets the conditions for need to know, please contact OCRDI and we will assist you in making that determination.

From: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>

Sent: Thursday, November 17, 2022 5:02 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>

Cc: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>

Subject: RE: RA Case Communication: HRSA-2023-1884

Dear Claudia,

Thank you for your email. I hope that this information helps to clarify your questions and concerns. Again, I am always happy to discuss further.

1. Why did you barely inform me of this November 16, 2022, deadline on November 9, 2022?

Employees are provided (3) weeks to submit documentation upon initiation of a request.

Please note, as to date OCRDI has not received a formal request for accommodation. This timeframe has started based upon your date of referral. If an employee is unable to provide the documentation by the specified due date, the case will be denied due to a lack of engagement in the interactive process; however, as noted in the email I sent you on November 9, 2022, an employee may always submit a new request, at any time.

1. What laws, regulations or governing policies allow you to “suspend” an RA case until “requested documentation” is submitted?

Information pertaining to the suspension of an RA case can be found on page 10 and page 15 of the HRSA Reasonable Accommodation Policy and Procedures Manual. HRSA’s Reasonable Accommodation Policy and Procedures states that timeframes are suspended until the requested medical documentation is submitted. Further, Section D on page 15 notes, the agency will suspend the processing of a case and will not be expected to adhere to its usual timelines if an individual’s and/or their health professional fails to provide needed documentation in a timely manner.

1. Who determines that additional medical documentation will be required before moving forward with the reasonable accommodation request? How is this determination made and what criteria is used? Is this process applied uniformly to all HRSA employees?

The Accessibility Specialist may request additional information by explaining to the individual seeking the accommodation, in specific terms, why the information provided is insufficient, what additional information is needed, and why it is necessary for a determination of the RA request (pg. 15 of HRSA Reasonable Accommodation Policy and Procedures Manual).

As previously stated, OCRDI has not received a formal accommodation request or current medical documentation necessary to substantiate the existence of a disability under the Rehabilitation Act of 1973 and need for a reasonable accommodation to assist you in performing your essential job duties.

1. Do you receive all medical information related to RA requests to the email address RA-Request@hrsa.gov ?

Yes, all documents related to an employee’s request for reasonable accommodation, including medical information can be sent to the secured email address RA-Request@hrsa.gov and should reference the employee’s case number once provided. Please note that a case number is generated once an employee has submitted a formal request (i.e., verbally, in writing, or using <https://ra.hrsa.gov>). At this time, OCRDI has not received a formal RA request. The information regarding the reasonable accommodation process was sent to you based upon a referral. Employees are also welcome to deliver RA related documents in-person to 14N176.

1. **Regarding the “Authorization for Use or Disclosure of Protected Health Information” form that you attached to your email – is this only form you require employees to sign when they are requesting an RA, that authorizes the use of their health information?**

As identified on page 10 of the HRSA policy, “ where necessary, as determined by the Accessibility Specialist, supporting medical documentation will be reviewed by Federal Occupational Health (FOH), and FOH will render a recommendation.” The Authorization for Use or Disclosure of Protected Health Information provides consent for FOH to move forward in this process.

This is the only form which requires an employee signature in the RA process.

Regarding the “SAMPLE QUESTIONS TO BE ANSWERED BY A MEDICAL PROVIDER” on your attached “Suggested Medical Documentation” document, are all those questions always asked for every employee requesting an RA? Or every employee who requests an RA and provides medical documentation?

The *Suggested Medical Documentation* document is provided to all employees in the RA process as an aid to help the employees’ Health Care Provider expedite the submission of documentation. Additionally, the document is to assist Medical Provider’s in their completion of medical documentation that is thorough in identifying the nature of the employee’s impairment(s), severity, duration, and extent to which the impairment limits the employee.

Again, I hope this information was helpful. Please let me know if you have additional questions or need assistance with regards to the RA process.

Best Regards,

Dominique C. Coffee | EEO Specialist

Health Resources and Services Administration (HRSA) | Office of Civil Rights, Diversity and Inclusion (OCRDI)

5600 Fishers Lane, | Rockville, MD | Phone: (301) 945-5818 | Email: dcoffee@hrsa.gov

If you have any questions about our services, or are experiencing accessibility issues with an attachment,

please email OCRDI@hrsa.gov or call 301-443-5636. Please do not send confidential information or documents to OCRDI@hrsa.gov.

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Sent: Thursday, November 17, 2022 9:47 AM

To: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>; Coffee, Dominique (HRSA) <DCoffee@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>

Cc: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Subject: RE: RA Case Communication: HRSA-2023-1884

Good morning, Ms. Dominique Coffee and Ms. Katherine Slye-Griffin:

My apologies for the delay in my reply and follow-up, I’ve had a busy week.

Please provide clarification to the questions I asked in writing.

There is absolutely no logical reason as to why you shouldn't be able to respond to my questions in writing. Nor any reason why this matter cannot be discussed in writing.

The last time I had a verbal discussion/meeting with your office during Spring of 2020, your office completely misrepresented our conversation. for what appeared to be an obvious attempt to aid the Agency in retaliating against me in response to my August 2019 EEO complaint. This meeting included Elizabeth Pinkard-Adams, Accessibility Specialist, and you, Ms. Slye-Griffin.

Consequently, I will not be having any verbal discussions or meetings with you regarding this matter. All discussions will have to be in writing. And I have read the HRSA RA Policy and Procedures Manual (September 28, 2017) several times, which you linked in the email below. The current procedures described in your November 9, 2022 email are not supported at all by your own policy.

Accordingly, please answer my questions and provide clarification in writing and in response to this email.

Thank you,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
(: 301-945-3059 | *: crausch@hrsa.gov

Be Innovative. Have Accountability. Work Collaboratively.

From: HRSA RA Site <RA-Request@hrsa.gov>

Sent: Wednesday, November 16, 2022 10:04 AM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>

Subject: RA Case Communication: HRSA-2023-1884

Dear Claudia,

At your earliest convenience, please confirm your availability for this week. I would like to schedule a meeting with you, Katie and I.

I look forward to your reply.

As a reminder, any questions regarding your case should be directed to me. Please ensure that any

communications include your case number (HRSA-2023-1884) in the subject line.

In the interim, please do not hesitate to contact me if you have any questions.

Thank you,
Dominique Coffee

Accessibility Specialist
OCRDI's Accessibility Section

REMINDER! Medical Confidentiality

As with all RA requests, the medical basis for this request will be held as confidential by OCRDI. To be specific, in accordance with the Rehabilitation Act, this office does not provide any medical documentation associated with that request to the employee's supervisor/manager. Further, all supporting medical documentation and/or requests for medical documentation are to be requested, received and reviewed by OCRDI, only. This is to prevent potential future claims of the agency/management illegally disclosing this information to those who do not have a need to know.

Also, please be aware that any medical information that is shared with a Manager/Supervisor either by the employee or by OCRDI, ***including the fact that the employee (1) even has a medical condition or (2) has requested/received accommodation, MUST*** be kept confidential. One may only disclose information relating to RA to those with a need to know. Disclosure of this information to someone who doesn't have a need to know may be a per se violation of the Rehabilitation Act. If someone has a question as to whether an individual meets the conditions for need to know, please contact OCRDI and we will assist you in making that determination.

From: HRSA Reasonable Accommodation

Sent: Monday, November 14, 2022 5:42 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>

Subject: RE: RA Case Communication: HRSA-2023-1884

Good evening Claudia,

We are happy to discuss the RA process with you. Do you have time this week? A conversation usually clears most questions up.

However, we also always point clients to HRSA's Reasonable Accommodations Policy (<https://www.hrsa.gov/sites/default/files/hrsa/eeo/ra-manual.pdf>).

We look forward to speaking with you!
Katie

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Monday, November 14, 2022 5:49 AM
To: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Slye-Griffin, Katherine (HRSA) <KSlye-Griffin@hrsa.gov>
Cc: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: RE: RA Case Communication: HRSA-2023-1884

Good morning, Ms. Dominique Coffee and Ms. Katherine Slye-Griffin:

My apologies for the delay in my reply and follow-up, I've had a lot on my plate lately.

I do have a few questions about the Reasonable Accommodation ("RA") process, to include, but not limited to:

1. **What laws, regulations or governing policies allow you to impose a three-week timeframe or deadline** on employees for submitting documentation in support of their Reasonable Accommodation request? And consequently, deny an RA for the inability to adhere to the three-week deadline? It appears to me, that this is a deliberate attempt accomplish the opposite of the interactive process, and intended to obstruct the process and interfere with one's ability to request an RA.

More so considering that I was barely notified on November 9, 2022, only 7 calendar days before the deadline day of November 16, 2022. **It appears to me that this is an attempt to interfere with my rights to a reasonable accommodation and constitutes retaliation in response to protected EEO activity and protected whistleblowing activity** because the Agency and its Office of Civil Rights, Diversity and Inclusion ("OCRDI") is well aware of my protected activity.

1. **Why did you barely inform me of this November 16, 2022, deadline on November 9, 2022?**

1. What laws, regulations or governing policies allow you to "suspend" an RA case until "requested documentation" is submitted?
1. Who determines that additional medical documentation will be required before moving forward with the reasonable accommodation request? How is this determination made and what criteria is used? Is this process applied uniformly to all HRSA employees?
1. Do you receive all medical information related to RA requests to the email address RA-Request@hrsa.gov ?

1. Regarding the "Authorization for Use or Disclosure of Protected Health Information" form that you attached to your email – is this only form you require employees to sign when they are requesting an RA, that authorizes the use of their health information?
1. Regarding the "SAMPLE QUESTIONS TO BE ANSWERED BY A MEDICAL PROVIDER" on your attached "Suggested Medical Documentation" document, are all those questions always asked for every employee requesting an RA? Or every employee who requests an RA and provides medical documentation?

I look forward to your reply and answers to my inquiries.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
(: 301-945-3059 | *: crausch@hrsa.gov

Be Innovative. Have Accountability. Work Collaboratively.

From: HRSA RA Site <RA-Request@hrsa.gov>

Sent: Wednesday, November 9, 2022 2:15 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; HRSA Reasonable Accommodation <RA-Request@hrsa.gov>

Subject: RA Case Communication: HRSA-2023-1884

Dear Claudia Rausch,

A referral was made on 10/19/2022, regarding your possible need for a reasonable accommodation to assist you in performing an essential function of your job duties. I will serve as your Accessibility Specialist and would like to schedule sometime to touch base concerning the reasonable accommodation process and to address any questions you may have. Please advise me of your availability for tomorrow, November 10, 2022.

To initiate the reasonable accommodation process, medical documentation is required from the requestor. It has been determined that OCRDI will need documentation before moving forward with the RA process. I am sending you information regarding documentation requirements. Please take

time to review. We can discuss any questions you may have during our scheduled meeting.

Below you will find frequently asked questions (FAQs) regarding documentation, including medical documentation, at the bottom of this email, below the signature block. It is important to note that I advise all of my clients to take or send this information directly to their medical practitioner when requesting medical documentation related to the RA process.

You may submit your documentation directly to me by email (RA-Request@hrsa.gov). You are not required to share this documentation with any HRSA Official outside of OCRDI's Accessibility Section. As a requirement of the Rehabilitation Act of 1973, OCRDI's Accessibility Section must maintain the confidentiality of your medical documentation and medical condition/disability. Accordingly, only the Accommodations Specialist can request, receive, review, or retain this medical documentation.

At this time your case is suspended until the requested documentation is submitted. All employees are provided three (3) weeks upon making the request to submit documentation. When documentation is submitted, the suspension will be lifted, and RA processing timelines will resume. Please note, that if you are unable to provide the documentation by November 16, 2022, your case will be denied due to what is considered a lack of engagement in the interactive process required by the RA process. This is standard procedure for all RA cases. Employees are welcome to request an RA at any time.

Please contact me if you have any questions. As a reminder, any questions regarding your case should be directed to me. Please ensure that any communications include your case number (HRSA-2023-1884) in the subject line.

Thank you,
Dominique Coffee

Accessibility Specialist
OCRDI's Accessibility Section

REMINDER! Medical Confidentiality

As with all RA requests, the medical basis for this request will be held as confidential by OCRDI. To be specific, in accordance with the Rehabilitation Act, this office does not provide any medical documentation associated with that request to the employee's supervisor/manager. Further, all supporting medical documentation and/or requests for medical documentation are to be requested, received and reviewed by OCRDI, only. This is to prevent potential future claims of the agency/management illegally disclosing this information to those who do not have a need to know.

Also, please be aware that any medical information that is shared with a Manager/Supervisor either by the employee or by OCRDI, ***including the fact that the employee (1) even has a medical condition or (2) has requested/received accommodation, MUST*** be kept confidential. One may only disclose information relating to RA to those with a need to know. Disclosure of this information to someone who doesn't have a need to know may be a per se violation of the Rehabilitation Act. If someone has a question as to whether an individual meets the conditions for need to know, please

contact OCRDI and we will assist you in making that determination.

**IN THE UNITED STATES OF AMERICA
EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
BALTIMORE FIELD OFFICE**

CLAUDIA RAUSCH,	)	
	)	EEOC NO. 531-2022-00289X
COMPLAINANT,	)	
	)	AGENCY NO. HHS-HRSA-0061-2022
v.	)	
	)	
XAVIER BECERRA	)	ADMINISTRATIVE JUDGE
SECRETARY	)	
UNITED STATES DEPARTMENT OF	)	
HEALTH AND HUMAN SERVICES,	)	
	)	JANUARY 2, 2023
AGENCY.	)	
	)	

COMPLAINANT’S THIRD MOTION TO AMEND COMPLAINT

Pursuant to 29 C.F.R. §1614.106(d), Federal Rule of Civil Procedure 15, and The Equal Employment Opportunity Commission (“Commission”)’s Management Directive 110 (“MD-110”), Complainant, Claudia Rausch, *Pro Se*, (“Complainant” or “Ms. Rausch”) respectfully moves to amend her complaint a third time, to include new claims of discrimination and retaliation on the grounds that they arose from the instant complaint and are like the original claims in this instant complaint. Ms. Rausch reserves the right to supplement this motion to include additional supporting facts and full legal argument in support.

Complainant moves that the following claim(s) be added to the pending instant complaint:

- A. Whether the U.S. Department of Health and Human Services (“Agency”) or agents acting on behalf of the Agency, subjected Ms. Rausch to discrimination and a pattern of retaliatory harassment on the basis(s) of sex (female), national origin (Mexican-

American), race (Hispanic), disability (Panic attacks and anxiety, perceived or otherwise), reprisal, (protected EEO-Activity and protected opposition), when:

1. On October 17, 2022, Carolyn Nganga-Good, Complainant's first-level supervisor, misrepresented her discussion with Complainant regarding the agreed upon timeframe to finish two dispute cases. ***See attached emails.***
2. On November 4, 2022, the Agency charged Complainant with AWOL. ***See pg. 23 of Agency's proposed removal attached.***
3. On November 7, 2022, the Agency charged Complainant with AWOL. ***See pg. 23 of Agency's proposed removal attached.***
4. On November 7, 2022, David Loewenstein, Complainant's third-level supervisor discredited Complainant's claims of retaliatory harassment and refused to take action on her concerns. ***See attached email.***
5. On November 9, 2022, the Agency's Reasonable Accommodation office made an unlawful medical inquiry about Complainant's disability, despite already having adequate record of Complainant's qualifications for a reasonable accommodation.
6. The Agency's Reasonable Accommodation office gave Complainant only a 3-day notice that it needed additional medical information before denying her a reasonable accommodation at the end of the three days. ***See attached email.***
7. On December 1, 2022, Complainant discovered the Agency was using an app called "Display Link" to watch and monitor her EEO activity.

8. On December 1, 2022, Carolyn Nganga-Good, Complainant's first-level supervisor, proposed removal of complainant from the federal service. ***See attached December 1, 2022 Proposed Removal.***
9. On December 1, 2022, Complainant's access to the Agency's computer network system was suspended immediately after the Proposed Removal was provided and she was placed on Notice Leave. ***See attached.***
10. From December 1, 2022, till present, Complainant experienced electronic interference when attempting to access evidence needed to rebuttal the Agency's proposed removal.
11. From December 1, 2022, till present, Complainant has experienced electronic interference when attempting to draft her rebuttal to the Agency's proposed removal.
12. The Agency sent the December 1, 2022, Proposed Removal to the wrong address of 1504 McGrath Blvd, Apt 212, North Bethesda, MD 20852. ***See attached.***
- 13.** The Agency's December 1, 2022 Proposed Removal required a 5 day advanced notice from Complainant if she were planning to reply, for the purposes of facilitating the Agency's plan to use electronic interference to impede with Complainant's ability to reply. ***See page 27 of proposed removal attached.***
14. From December 1, 2022, till present, the Agency or agents acting on behalf of the Agency, have used electronic surveillance and interference to impede Complainant's ability to respond to the December 1, 2022, proposed removal.

15. On December 1, 2022, the Agency downloaded the program “Squirrel” on Complainant’s work laptop so that it could be controlled through Bluetooth. ***See attached.***
16. On December 1, 2022, the Agency blocked Complainant’s personal email address from being able to contact Agency management officials.
17. The December 1, 2022 Proposed Removal was not based on factual evidence nor did the Agency present any evidence to support its explanation for the proposed removal. ***See attached.***
18. On December 1, 2022, the Agency did not provide Complainant with notice of her appeal rights to the proposed removal, as required by Public Law 115-91, section 1097(b)(2)(A) and 5 C.F.R. Sec. 752.404(b)(1). ***See attached.***
19. The December 1, 2022, Proposed Removal was primarily based on Complainant’s protected opposition and refusal to forgo the original source of evidence needed to prove Complainant’s claims of electronic surveillance and interference in this instant complaint. ***See attached Proposed Removal, Charge 1, Specifications 1 through 7, and related emails attached.***
20. The December 1, 2022, Proposed Removal was partially based on newly placed tighter deadlines on two dispute case decision letters, despite the deadlines being unsupported by the performance management appraisal program, position description and routine practice. ***See “Specification 8” on pg. 4 of attached Proposed Removal.***

- 21.** The December 1, 2022, Proposed Removal was partially based on the late completion of a task that resulted from continuous retaliatory harassment that interfered with Complainant's work progress. ***See "Specification 9" on pg. 5 of attached Proposed Removal and the October 21, 2022 email between Claudia Rausch and Carolyn Nganga-Good.***
- 22.** The December 1, 2022, Proposed Removal was partially based on Complainant's opposition to retaliatory instructions that the Agency knew Complainant believed would put her in danger and cause her irreparable harm. ***See specification 10 on page 5 of proposed removal and related emails attached.***
- 23.** The December 1, 2022, Proposed Removal was partially based on a September 21, 2022 Leave and Telework Restriction that was placed for the purposes of retaliating against complainant. ***See Specifications 11 through 47 on pages 5-12 of proposed removal and related emails attached.***
- 24.** The December 1, 2022, Proposed Removal was partially supported on findings made through a retaliatory investigation in which the Agency began tracking the location and IP address of Complainant's Virtual Private Network (VPN) and Internet Service Provider on March 28, 2022. ***See attached Agency's Evidence File.***
- 25.** The December 1, 2022, Proposed Removal presented no evidence to support the Agency's allegations that Complainant did not follow telework policy. ***See Charge 2, Specifications 1 through 81 on pages 12-22 of proposed removal.***
- 26.** The December 1, 2022, Proposed Removal was partially based on constructive AWOL charges that would not have occurred if it weren't for the Agency's retaliatory

animus against complainant. ***See Charge 3, Specifications 1 through 4 on pages 22-23 of proposed removal and attached email trail between Ms. Rausch and Agency management regarding leave restriction and AWOL.***

- 27.** The December 1, 2022, Proposed Removal's penalty analysis presents no evidence nor cites any evidence to suggest that it considered Douglas factors, or any factors at all in coming to the decision to remove Complainant. ***See pgs. 24-25 of proposed removal.***
- 28.** On December 3, 2022, unauthorized access to Complainant's primary email address of claudiamarausch@hotmail.com occurred and synced it with other services.
- 29.** On December 7, 2022, the Agency sent Complainant the notice of the Report of Investigation ("ROI") to the wrong address of 1504 McGrath Blvd, Apt 212, North Bethesda, MD 20852. ***See Agency's December 8, 2022 letter filing to FEDSEP.***
- 30.** On December 7, 2022, the Agency threatened to dismiss Complainant's case if they did not receive a notice of Hearing ***by email*** in 30 days, despite confirming receipt of Hearing request on August 3, 2022. ***See attached August 3, 2022 email from Angela Washington.***
- 31.** On December 8, 2022, the Agency included Complainant's personal identifiable information (PII) and date of birth in the ROI. See ***Dr. Durrani's progress notes in ROI.***
- 32.** On December 8, 2022, the Agency blocked off material facts from the ROI under the guise that it sanitized the ROI. ***See December 8, 2022 ROI the Agency uploaded to FEDSEP.***

33. Agency management officials asserted having no knowledge of Complainant's experience of discrimination and retaliation during the EEO investigation into this instant complaint. ***See December 8, 2022 ROI.***
34. From December 8, 2022, till present, Complainant has experienced electronic interference when attempting to access the ROI and EEOC Public Portal.
35. From December 10, 2022, till present, Complainant's downloads of the ROI have been changed and switched with different documents on her electronic devices through electronic interference protocols.
36. From December 10, 2022, till present, Complainant has experienced electronic interference when she tries to create a new email account or increase the security of her current email accounts.
37. From December 10, 2022, till present, Complainant's amazon packages containing cyber security products have been stolen, intercepted, or interfered with.
38. From December 10, 2022, till present, unauthorized devices such as an Apple Watch, have been syncing to Complainant's personal iPhone without Complainant's authorization.
39. From December 10, 2022, till present, Complainant has experienced electronic surveillance, interference and account takeover of her personal online accounts, phones, computers, internet service provider, and related services, all which have interfered with her protected EEO-activity.

40. On December 30, 2022, Complainant discovered that her August 2022 Motion for Default Judgment was electronically interfered with before submission as it is missing part of the original statement of facts and related attached emails.
41. On December 30, 2022, Complainant discovered her online submission to Congressman Jaime Raskins was electronically interfered with, as he received a duplicate submission with a reference to the wrong federal Agency. ***See attached.***
42. On January 2, 2023, Complainant experienced electronic interference during the drafting of this document as part of the drafted claims had been erased on their own.

CONCLUSION

Ms. Rausch respectfully requests that this motion to amend her complaint in this instant case be granted and reserves all rights to supplement this motion with further supporting documentation and legal argument if necessary.

Respectfully Submitted,

Claudia Rausch, Complainant
5401 McGrath Blvd, Apt 1504
North Bethesda, MD 20852
Phone: 915-422-4583
email:claudiamarauschk@hotmail.com

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing COMPLAINANT'S THIRD MOTION TO AMEND COMPLAINT, was served by the methods indicated below to the individuals on January 2, 2023.

Respectfully Submitted,

Claudia Rausch
Complainant

By Electronic Mail / FEDSEP
Anthony Archeval
aarcheval@hrsa.gov

By FEDSEP
HHS Attorney of Record

By FEDSEP
Administrative Judge
Equal Employment Opportunity Commission

From: [Rausch, Claudia \(HRSA\)](#)
To: [Nganga-Good, Carolyn \(HRSA\)](#)
Cc: [Rausch, Claudia \(HRSA\)](#)
Subject: RE: Follow Up - Dispute Cases
Date: Thursday, December 1, 2022 9:25:10 AM

Hi Carolyn,

I sent an email to you about this yesterday before logging out, and it seems to have not gone through or was interfered with.

Anyhow, to answer your inquiry – assuming I don't experience any additional retaliatory actions by you or the Agency that interrupts my work progress, I should have the latest dispute case ready for peer review by next week and I estimate have the other dispute case ready for peer review 2 weeks from finishing the first one.

I will reply to the remainder of your email at another time.

Thanks,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: clausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Tuesday, November 29, 2022 4:58 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: RE: Follow Up - Dispute Cases
Importance: High

Hi Claudia,

Thank you for your response below. However, your responses and the referenced emails do not provide the updates that I have asked you for. Specifically, I need you to please provide me with an update regarding the status of your outstanding two dispute cases and the timeline for completion by **COB Wednesday, November 30, 2022**. Both dispute cases are way overdue (the last estimated completion date was 10/21/2022) and they need to be closed as soon as possible. Your inaction on these cases and lack of timely updates on their status do not meet the expected performance expectations.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Monday, November 28, 2022 5:37 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: RE: Follow Up

Hi Carolyn,

Welcome back from leave, I hope you enjoyed your time off.

In response to your October 17, 2022, email below, please see my reply in **red, bold lettering** below under your different inquiries:

As notified and instructed on September 21, 2022, via the Leave Restriction Memo and thereafter in multiple communications, you were to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022. To date, you have failed to follow these instructions and you have not confirmed your whereabouts. You are expected to comply with the leave restriction instructions you were provided.

Please see my October 27, 2022, email to Melissa Moore, and follow-up related emails, which I carbon copied you on, as responsive to this inquiry regarding the leave restriction.

In addition, you have been instructed to return you old HRSA laptop to OIT on multiple occasions in the last couple of months. To date you have not complied with these instructions. You are required to comply with all the Agency policies and to follow instructions to return

your old HRSA laptop with immediate effect.

Please see my November 9, 2022, email to Michael Kern, which I carbon copied you on, as responsive to your inquiry about the old laptop.

Lastly, as a reminder, the decision letter for DCN# 2184 case was due last month, 9/24 and for DCN# 8659 it is due no later than this Friday, Oct 21, 2022. Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week. As of today per Tracker, you have not submitted any drafts to your peer reviewer nor have I heard from you otherwise. You are expected to complete both cases and submit them to your peer reviewer no later than this Friday, October 21st and submit for my review and finalization shortly thereafter, in order to close these cases as soon as possible.

Please see my November 3, 2022, emails to David Loewenstein and Luis Padilla, which I carbon copied you on, as responsive to your inquiry about these dispute cases.

If there is a change or adjustment in the work environment, you believe would enable you to perform the essential functions of your full-time position you may contact the Reasonable Accommodation office for further information on the process for filing a reasonable accommodation request. You may contact Reasonable Accommodation at RA-Request@hrsa.gov. If you do submit a request under Reasonable Accommodation, please keep me as your supervisor updated on the status of such request(s) made. I have included the RA office on this email as appropriate.

Please see the November 28, 2022, email I sent this morning to HRSA's RA office, which I carbon copied you on, as responsive to your inquiry about my RA needs.

Best,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, October 17, 2022 4:40 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: HRSA Reasonable Accommodation <RA-Request@hrsa.gov>

Subject: Follow Up

Hi Claudia,

As notified and instructed on September 21, 2022 via the Leave Restriction Memo and thereafter in multiple communications, you were to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022. To date, you have failed to follow these instructions and you have not confirmed your whereabouts. You are expected to comply with the leave restriction instructions you were provided.

In addition, you have been instructed to return you old HRSA laptop to OIT on multiple occasions in the last couple of months. To date you have not complied with these instructions. You are required to comply with all the Agency policies and to follow instructions to return your old HRSA laptop with immediate effect.

Lastly, as a reminder, the decision letter for DCN# 2184 case was due last month, 9/24 and for DCN# 8659 it is due no later than this Friday, Oct 21, 2022. Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week. As of today per Tracker, you have not submitted any drafts to your peer reviewer nor have I heard from you otherwise. You are expected to complete both cases and submit them to your peer reviewer no later than this Friday, October 21st and submit for my review and finalization shortly thereafter, in order to close these cases as soon as possible.

If there is a change or adjustment in the work environment you believe would enable you to perform the essential functions of your full-time position you may contact the Reasonable Accommodation office for further information on the process for filing a reasonable accommodation request. You may contact Reasonable Accommodation at RA-Request@hrsa.gov. If you do submit a request under Reasonable Accommodation, please keep me as your supervisor updated on the status of such request(s) made. I have included the RA office on this email as appropriate.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov

[HRSA/National Practitioner Data Bank](#)



From: [Nganga-Good, Carolyn \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Cc: [Nganga-Good, Carolyn \(HRSA\)](#); [Claudia Marie Rausch](#)
Subject: Proposal
Date: Thursday, December 1, 2022 12:04:36 PM
Attachments: [Rausch Proposal to Remove 12.1..22.pdf](#)
[Rausch Notice Leave 12.2022.pdf](#)
[Evidence File.pdf](#)
[Designation of Representative Draft.docx](#)
Importance: High

Hi Claudia,

I have scheduled this meeting to issue you a proposed removal. This is only a proposal letter; you have a right to reply orally and/or in writing to the Deciding Official as outlined in the attached Proposal. No decision or action will be taken until after the reply period has elapsed.

Effective immediately, I will be placing you on notice leave during the advanced notice period; the details about notice leave are outlined in the notice leave letter attached. While on notice leave your systems access will be temporarily disabled until a decision is made.

I ask that you sign for receipt and send it back to me within the next 5 minutes. Please sign within the 5 minutes because system access will be temporarily disabled. If I have not received it by then, I will mark it as "Employee refused to sign" and submit it.

I will be mailing you a copy of this information to your address on file.

If you have questions about this proposal, please refer them to me, Melissa Moore and/or HR as appropriate.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)





DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration
Bureau of Health Workforce
5600 Fishers Lane
Rockville, MD 20857

Delivery Method: Email, and Certified USPS

AT YOUR OWN OPTION, YOU MAY FURNISH THIS NOTICE TO NTEU

DATE: December 1, 2022

TO: Claudia Rausch
Management Analyst, GS-13

SUBJECT: Proposal to Remove - 5 CFR 752

FROM: Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce

This is notice that I am proposing to remove you from the Federal service and from your position of Management Analyst, GS 0343-13 at the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS), Rockville MD. This proposed removal is initiated under the provisions of Title 5, Code of Federal Regulations, Part 752, and applicable section of the Collective Bargaining Agreement. You will have the right to respond to this proposed action before a decision is made. This action, if taken, will be effective no sooner than thirty (30) calendar days from your receipt of this proposal. You will be placed on Notice Leave during the proposal period. The reason for this proposal is: (1) **Failure to Follow Instructions**; (2) **Failure to Follow Policy**; and (3) **Absence Without Leave**.

Charge 1: Failure to Follow Instructions

Background:

On January 19, 2022, HRSA Office of Information Technology (OIT) emailed HRSA staff about an upcoming HRSA equipment refresh; you were one of the recipients of this email communication. This email provided the following guidance:

"The Office of Information Technology (OIT) will replace selected HRSA-issued laptops that have reached the 4-year service life and will therefore need to be refreshed with a new Dell laptop... All HRSA employees who have 5600 Fisher's Lane listed as their official tour of duty work station must come to the building to get their laptop refreshed... Upon arrival of your appointment, you will hand off your laptop to the servicing technician and in the interim, you will receive a 'loaner' laptop."

On June 9, 2022, I emailed you the instructions that,

"As informed during our meeting on June 8th, if your intentions are not to return your old laptop despite stating in your email below that you intend to return it the next time you are in the office, please communicate your true intentions so that the agency can determine the next steps instead of these never ending postponements and follow ups. Otherwise, if the laptop is not returned by COB on June 17th (your next scheduled in-office day) as you indicated below, the Agency will have to take disciplinary action for not following instructions and being insubordinate."

You did not comply with my email instruction. On July 20, 2022, I gave you the following instructions via email in regard to your old HRSA government furnished equipment (GFE), specifically your laptop, as follows.

"Also as informed this afternoon, it is important that we comply with HRSA's initiatives regarding their equipment. Since you have not returned your old HRSA laptop to OIT as directed previously, I am instructing you to return it to OIT no later than your next in-office day, July 29th. If you happen to be out of the office unexpectedly on July 29th, you must return your HRSA laptop by close of business on your next scheduled workday (telework or in-office day)."

You called out sick on July 29th and August 1, 2022; however, your next scheduled workday was August 2, 2022.

Specification 1:

On August 2, 2022, you reported for duty, and you did not return your laptop to the Office of Information Technology (OIT); therefore, you failed to follow my instructions.

Specification 2:

You did not return your laptop when you reported for duty on August 2, 2022, so I gave you another instruction via email on August 3, 2022, stating in part,

"If you are still in possession of your old laptop, you must return the laptop by 5pm ET tomorrow, 8/4/2022. Please also note, your laptop was not returned by yesterday per my instruction; you are failing to follow instructions, which is considered misconduct."

On August 4, 2022, you reported for duty, and you did not return your laptop to OIT as instructed; therefore, you failed to follow instructions.

Specification 3:

On August 4, 2022, OIT contacted me to inquire about the status of your old laptop and advised that you had not returned it and OIT still needed the GFE to be returned. I followed up with you on August 10, 2022, via email and instructed you in part,

"I did not hear back from you regarding the status of your old HRSA laptop and I have been notified that it has not been returned as of this morning. OIT has advised that your old HRSA laptop poses a security risk and could put our HRSA network at risk due to it not having the latest security patches. Since you have failed to return your old laptop as instructed, we will have to take additional measures to safeguard HRSA and assure the agency's network is secure as it pertains to your old HRSA laptop. To reiterate, you are not permitted to keep your old HRSA laptop, or to use the laptop and you must return the laptop to HRSA by COB on your next workday."

On August 11, 2022, you reported for duty, and you did not return your laptop to OIT as instructed; therefore, you failed to follow instructions.

Specification 4:

On September 19 and 21, 2022, OIT contacted me via email and advised that you had not returned your old laptop. I emailed you on September 21, 2022, and stated in part,

"I have been notified that you still have not returned your old HRSA laptop to OIT. You are expected to return the laptop on your next day in the office scheduled for September 23, 2022. In the event that you are on leave on September 23rd, you are expected to return the old HRSA laptop no later than close of business on your next work day."

On September 23, 2022, you reported for duty, and you did not return your laptop to OIT as instructed; therefore, you failed to follow instructions.

On September 28, 2022, The BHW Executive Office (EO) emailed you with a subject of "ACTION REQUIRED 10/5: MISSING HRSA PROPERTY" and they outlined in the email body that, *"Hello CLAUDIA, Please see below the HRSA asset marked "MISSING" during the annual Property Inventory process. Our database shows your office as having possession of said asset. Please reply to this email confirming possession of this asset no later than close of business 10/5."*

<i>HRSA Barcode</i>	<i>Manufacturer</i>	<i>Model</i>	<i>Asset Description</i>
<i>84789</i>	<i>DELL</i>	<i>E7280</i>	<i>COMPUTER LAPTOP</i>

The Executive Office followed up with you on October 18, 2022, and October 20, 2022, asking you to "Please advise" and included their September 28, 2022, email request.

Specification 5:

On September 30, 2022, and October 4, 2022, OIT contacted me again inquiring about the status of your old laptop. I emailed you on October 17, 2022, stating in part,

"In addition, you have been instructed to return you old HRSA laptop to OIT on multiple occasions in the last couple of months. To date you have not complied with these instructions. You are required to comply with all the Agency policies and to follow instructions to return your old HRSA laptop with immediate effect."

On November 29, 2022, I emailed you asking you, *"What is the status of this inquiry? If you have not responded to Michael, please do so no later than COB tomorrow, November 3rd."*

Specification 6:

You were on duty on November 3, 2022, and you did not comply with this instruction to respond to Michael regarding his inquiry as instructed; therefore, you failed to follow instruction.

On November 8, 2022, my designee Melissa Moore, emailed you stating, *"In Carolyn's absence, I am following up on the status of the missing laptop identified below. If it has not yet been returned, this laptop must be returned by COB tomorrow, November 9, 2022. Please update us on the status of this requirement."*

Specification 7:

You were on duty November 9, 2022, and you did not return your laptop. Therefore, you failed to follow instructions.

Specification 8:

On October 17, 2022, I emailed you to follow up again regarding the status of your overdue work assignment – two dispute case decision letters. In this email, I stated in part,

"Lastly, as a reminder, the decision letter for DCN# 2184 case was due last month, 9/24 and for DCN# 8659 it is due no later than this Friday, Oct 21, 2022. Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week. As of today per Tracker, you have not submitted any drafts to your peer reviewer nor have I heard from you otherwise. You are expected to complete both cases and submit them to your peer reviewer no later than this Friday, October 21st and submit for my review and finalization shortly thereafter, in order to close these cases as soon as possible."

On October 21, 2022, you failed to follow my instructions to *"complete both cases and submit them to your peer reviewer no later than this Friday, October 21st"*, therefore, you failed to follow my instructions.

As of November 29, 2022, you have not completed these decision letters.

Specification 9:

On September 9, 2022, I emailed the Team providing instructions about the paper dispute records verification and scanning project. You and the other Team members were instructed to verify your assigned paper files by September 30, 2022. You had not completed your dispute records as of October 3, 2022, and therefore, I emailed you on the same day to inquire the status of your files. In this email, I stated,

"Please advise on the status of the paper files that you were supposed to verify. This task was due on 9/30. See email below."

You did not respond to this email; therefore, you failed to follow instructions.

Specification 10:

On August 26, 2022, I emailed you regarding your Alternate Duty Station (ADS) as outlined in your approved telework agreement. In this email, I stated in part,

"Based on your August 24, 2022, email, I wanted to follow up with you to check if your approved alternate duty station (ADS) in your telework agreement paperwork on file (attached) is up to date. All staff must have their ADS approved before they start teleworking from the location. If you need to update your telework agreement, please send it to me for my review by 5pm today."

You did not advise whether this was accurate, so I followed up with you via email on September 7, 2022, and stated in part,

"As stated in my August 26th email, you advised in your August 24th email that you had to evacuate from your home hence the inquiry whether your approved ADS is up to date. I need you to provide any updates to your telework agreement or confirm whether the current agreement is up to date by COB on September 8th."

On September 8, 2022, you reported for duty, and you did not *"provide any updates to your telework agreement or confirm whether the current agreement is up to date by COB on September 8th."* therefore, you failed to follow my instructions.

Specification 11:

On September 21, 2022, I issued you a memorandum with the subject of *"Notice of Leave Restriction Notice of Telework and Alternate Work Schedule Suspension."*

My memorandum instructed you of the following,

"This memorandum serves as notice that, effective immediately, you are placed on leave restriction. You are also notified that effective immediately, that your telework and Alternate Work Schedule (AWS) participation is terminated... Effective immediately and continuing for six months from the date of your receipt of this memorandum you are not permitted to participate in the AWS program and are placed on a fixed schedule."

Specifically: You must report for work following HRSA's normal business hours of 9:30am through 6:00 pm, Monday through Friday... This is notice for temporary suspension of your telework agreement effective seven (7)

calendar days from receipt of this notice. As a result of being placed on leave restriction, you are no longer eligible to participate in the telework program (CBA, Article 26, Section 4.D.2). As such, beginning September 28 2022, you must report to your official duty station at 5600 Fishers Lane, during your tour of duty, unless you are on approved leave."

On October 3, 2022, I emailed you to inquire about your work status and whether you had been reporting for duty as instructed on September 21, 2022, since you had not been seen in the office. My email stated, in part,

"I am following up on your work status and whereabouts as you have not been seen on site at the Parklawn Building on 9/28, 9/30, and today, 10/3 and I have not received any leave requests from you. You were instructed that you have to be onsite starting Wednesday 9/28/2022 per the Leave Restriction Notice that you were issued on 9/21/2022 and the subsequent follow-up emails. Please advise no later than COB today about your work status for today and your whereabouts."

On October 3, 2022, I instructed you via email to, "Please advise no later than COB today about your work status for today and your whereabouts." You did not respond to me on October 3, 2022, with your "work status for today and your whereabouts" even though you were on duty that day; therefore, you failed to follow instructions.

I was unsure of your whereabouts while on duty for September 28, Sept 30 and November 3, 2022; therefore, I consulted the HRSA Division of Human Relations who assisted in contacting the HRSA Division of Personnel Security to request a report of your 5600 Fishers Lane building access activity. They provided a report of your 5600 Fishers Lane building access activity via email and the advised that for the period of September 28, 2022, until November 28, 2022, you only reported to the 5600 Fisher Lane building on October 21, 2022, and October 24, 2022, with an initial entry time of 1:34PM on October 21, 2022, and 1:04pm on October 24, 2022. You did not report as instructed for this period to your official duty station as instructed any other day during this period. To date, you have not complied with the instructions to report.

Specification 12:

On October 4, 2022, I emailed you with additional instructions regarding your work status. My email outlined, in part,

"I instructed you to report for duty at 5600 Fishers Lane to your official work station starting September 28, 2022 via the September 21, 2022 Leave Restriction Memo. As I understand from your last emails, you did not report for duty as instructed Wednesday Sept 28th and Friday Sept 30th, nor did you report for duty as instructed Monday Oct 3rd and Tues Oct 4th. Your behavior is considered misconduct and will not be tolerated. You must: Confirm whether or not you reported to duty as instructed on 9/28, 9/30, 10/3 and 10/4 by 5pm today. Immediately comply with the Leave Restriction instructions I issued you on September 21, 2022 – (attached for your review) and report to the office as instructed. You are not approved to telework."

You requested leave for Thursday September 29th.

On October 4, 2022, I instructed you via email to *“Confirm whether or not you reported to duty as instructed on 9/28, 9/30, 10/3 and 10/4 by 5pm today. Immediately comply with the Leave Restriction instructions I issued you on September 21, 2022 – (attached for your review) and report to the office as instructed. You are not approved to telework.”* You reported for duty on October 4, 2022, and did not respond to me on October 4, 2022, with your confirmation and you did not comply with the leave restriction. You failed to follow instructions.

Specification 13:

On October 5, 2022, I emailed you with additional instructions regarding your work status. My email outlined, in part,

“The leave restriction was issued properly and you are expected to comply with the requirement to report to your workstation at 5600 Fishers Lane unless you are on approved leave. In regards to your statement, ‘I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th.’ I understand that you are stating that you reported to your approved official worksite at 5600 Fishers Lane on the dates noted. If that was not what you meant, you must let me know by 5pm today as I need to be clear on your whereabouts/work status.”

On October 5, 2022, I instructed you to *“let me know by 5pm today”* whether you reported to your workstation at 5600 Fishers Lane on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th. You reported for duty on October 5, 2022, and you did not respond to me on October 5, 2022, as instructed; therefore, you failed to follow my instructions.

Specification 14:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On September 28, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on September 28, 2022.

Specification 15:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On September 30, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on September 30, 2022.

Specification 16:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 3, 2022, you did not report to your official duty stations at 5600 Fishers

Lane as instructed. Therefore, you failed to follow my instructions on October 3, 2022.

Specification 17:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 4, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 4, 2022.

Specification 18:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 5, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 5, 2022.

Specification 19:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 6, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 6, 2022.

Specification 20:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 11, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 11, 2022.

Specification 21:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 12, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 12, 2022.

Specification 22:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 13, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 13, 2022.

Specification 23:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 14, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 14, 2022.

Specification 24:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 17, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 17, 2022.

Specification 25:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 18, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 18, 2022.

Specification 26:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 19, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 19, 2022.

Specification 27:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 20, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 20, 2022.

Specification 28:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 25, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 25, 2022.

Specification 29:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 26, 2022, you did not report to your official duty stations at 5600

Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 26, 2022.

Specification 30:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 27, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 27, 2022.

Specification 31:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 28, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 28, 2022.

Specification 32:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On October 31, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on October 31, 2022.

Specification 33:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 1, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 1, 2022.

Specification 34:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 2, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 2, 2022.

Specification 35:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 3, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 3, 2022.

Specification 36:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 7, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 7, 2022.

Specification 37:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 8, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 8, 2022.

Specification 38:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 9, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 9, 2022.

Specification 39:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 10, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 10, 2022.

Specification 40:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 14, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 14, 2022.

Specification 41:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 15, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 15, 2022.

Specification 42:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 16, 2022, you did not report to your official duty stations at 5600

Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 16, 2022.

Specification 43:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 17, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 17, 2022.

Specification 44:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 22, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 22, 2022.

Specification 45:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 23, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 23, 2022.

Specification 46:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 25, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 25, 2022.

Specification 47:

On September 21, 2022, I instructed you, in your Leave Restriction memorandum, to report to your official duty station at 5600 Fishers Lane during your tour of duty. On November 28, 2022, you did not report to your official duty stations at 5600 Fishers Lane as instructed. Therefore, you failed to follow my instructions on November 28, 2022.

Charge 2: Failure to Follow Policy

Background: The HRSA and National Treasury Employee Union (NTEU) collective bargaining agreement (CBA) outlines the policy for teleworking for bargaining unit staff; you are in the bargaining unit. The CBA, Article 26 Telework, outlines in section 1, in part, *“Telework is a program that permits employees to work at home or at other approved locations remote to the conventional office site.”* You were approved to participate in the telework program and entered into a telework agreement on January 8, 2019; then you renewed the agreement on January 23,

2020. HRSA was in a full-time maximized telework posture due to the COVID 19 pandemic beginning in March of 2020. You submitted an updated telework agreement on May 15, 2022, and I approved it. I approved you to telework from the approved alternate duty station (ADS) outlined in your telework agreement of 5401 McGrath Blvd. Apt 212. North Bethesda, MD 20852. The telework agreement you signed outlined the expectations that staff participating in telework “*adhere to the applicable guidelines and policies.*” The telework agreement goes on to outline, “*Employee is approved to report to the official duty station i.e. conventional work site (ODS) and alternate duty station (ADS) on the days shown on chart below*” then your agreement outlined that you must report to the ODS every Monday of week 1 in the payperiod and every Friday of week 2 in the payperiod and that you must report to your ADS every Tuesday, Wednesday, Thursday and Friday in week 1 of the payperiod and every Monday, Tuesday, Wednesday, and Thursday in week 2 of the payperiod.

The National Participant Data Bank outlines in our Rules of Behavior, that

“Remote Work Locations

HRSA policy authorizes employees to work from locations other than their duty station under certain specific circumstances and if they have a formal, written authorization from their supervisor.”

You signed this Rules of Behavior document on March 4, 2022, and were expected to comply with the instructions outlined in the document.

You failed to follow the policy when you teleworked from a location that was not your approved location at 5401 McGrath Blvd. Apt 212. North Bethesda, MD 20852 on the following days:

Specification	Date	
1	2022-03-28	The HRSA Virtual Private Network (VPN) report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another alternate duty station (ADS) location, therefore, you failed to follow policy.
2	2022-03-29	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
3	2022-03-30	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
4	2022-03-31	The HRSA VPN report indicates you were not working in the North Bethesda, MD

		proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
5	2022-04-01	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
6	2022-04-04	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
7	2022-04-05	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
8	2022-04-06	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
9	2022-04-07	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
10	2022-04-08	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
11	2022-04-11	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
12	2022-04-12	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
13	2022-04-25	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to

		telework from another ADS location, therefore, you failed to follow policy.
14	2022-04-26	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
15	2022-04-27	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
16	2022-04-28	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
17	2022-04-29	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
18	2022-05-02	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
19	2022-05-05	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
20	2022-05-06	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
21	2022-05-09	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
22	2022-05-10	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.

23	2022-05-11	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
24	2022-05-12	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
25	2022-05-13	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
26	2022-05-16	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
27	2022-05-17	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
28	2022-05-18	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
29	2022-05-19	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
30	2022-05-20	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
31	2022-05-23	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
32	2022-05-24	The HRSA VPN report indicates you were not working in the North Bethesda, MD

		proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
33	2022-05-25	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
34	2022-05-26	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
35	2022-05-27	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
36	2022-05-31	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
37	2022-06-01	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
38	2022-06-02	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
39	2022-06-03	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
40	2022-06-09	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
41	2022-06-10	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to

		telework from another ADS location, therefore, you failed to follow policy.
42	2022-06-13	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
43	2022-06-14	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
44	2022-06-15	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
45	2022-06-16	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
46	2022-06-21	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
47	2022-06-22	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
48	2022-06-23	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
49	2022-06-29	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
50	2022-06-30	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.

51	2022-07-19	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
52	2022-07-20	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
53	2022-07-21	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
54	2022-07-22	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
55	2022-07-25	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
56	2022-07-26	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
57	2022-07-27	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
58	2022-07-28	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
59	2022-07-29	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
60	2022-08-02	The HRSA VPN report indicates you were not working in the North Bethesda, MD

		proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
61	2022-08-03	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
62	2022-08-04	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
63	2022-08-05	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
64	2022-08-08	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
65	2022-08-09	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
66	2022-08-10	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
67	2022-08-11	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
68	2022-08-16	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
69	2022-08-17	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to

		telework from another ADS location, therefore, you failed to follow policy.
70	2022-08-18	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
71	2022-08-19	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
72	2022-08-24	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
73	2022-08-25	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
74	2022-09-06	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
75	2022-09-07	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
76	2022-09-08	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
77	2022-09-13	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
78	2022-09-14	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.

79	2022-09-15	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
80	2022-09-19	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.
81	2022 – 09-20	The HRSA VPN report indicates you were not working in the North Bethesda, MD proximity. You did not receive approval to telework from another ADS location, therefore, you failed to follow policy.

Charge 3: Absence Without Leave

On September 21, 2022, I issued you instructions in a Leave Restriction Memorandum which outlined, in part,

“Unscheduled, emergency leave (AL, LWOP and SL)

Unscheduled or emergency leave is leave requested in the event you are unable to report for duty due to medical incapacitation or other unforeseen emergency circumstances.

• If the leave requested is for emergency or unscheduled medical reasons such as illness or incapacitation, you must provide me acceptable documentation in order for it to be approved. You may be asked to bring acceptable documentation for approval of unscheduled leave, such as for household or other personal emergencies... Emergency or unanticipated absences will not be approved if acceptable documentation is not received as requested and will be recorded as (AWOL) pending submission of acceptable evidence of the medical or other non-medical emergency immediately upon your return to duty... In order to have AWOL charges for any absence due to medical incapacitation changed to approved leave, you must furnish acceptable (to me) medical documentation from your health care provider for any absence due to incapacitation, regardless of the length of absence. Such documentation must be furnished to me immediately upon your return to duty and must include a statement from your health care provider specifying that because of your medical condition, you were precluded from traveling to and from work, being at work, and/or performing the tasks and duties of your job, or were required, for good medical reason, to undergo medical evaluation or treatment that could not have been scheduled at another time so that you could have requested leave in advance. I will determine if the documentation is acceptable.

AWOL

In the event that you do not comply with the above attendance requirements and leave restrictions, your absences may also be recorded as AWOL. AWOL is not a disciplinary action. However, charges of AWOL and/or failure to comply with the attendance requirements and leave restrictions may form the basis for disciplinary/adverse action, up to and including removal from your position and from the Federal service."

On September 28, 2022, at approximately 2:40pm, you requested leave for the remainder of the day, via email, which was unscheduled. On September 29, 2022, you emailed me to request leave for the entire day. I responded via email and stated in part, *"Please note that per your leave restriction notice, you must provide me acceptable documentation upon your return to duty in order for the leave to be approved."*

Specification 1:

On September 28, 2022, you did not have approved leave since you failed to provide the required documentation; therefore, you were charged AWOL for 2 hours.

Specification 2:

On September 29, 2022, you did not have approved leave since you failed to provide the required documentation; therefore, you were charged 8 hours of AWOL.

On November 4, 2022, you requested unscheduled leave via email for the day. I responded to your request via email on November 4, 2022, and stated in part, *"Please remember that you need to provide medical documentation for your unanticipated sick leave requests within the timeframe specified in your leave restriction notice. Please copy Melissa when you submit your documentation; she will be covering for me during my leave starting next week."*

Specification 3:

On November 4, 2022, you did not have approved leave since you failed to provide the required documentation; therefore, you were charged 8 hours of AWOL.

On November 7, 2022, you requested unscheduled leave via email for the day. My designee, Melissa Moore, received your request and responded via email stating, *"Please remember that you need to provide medical documentation for your unanticipated sick leave requests (11/4 and 11/7) per instructions in your leave restriction notice."*

Specification 4:

On November 7, 2022, you did not have approved leave since you failed to provide the required documentation; therefore, you were charged 8 hours of AWOL.

Based on the above charges and specifications, I am proposing your removal to promote the efficiency of the service.

Penalty Analysis

In deciding to propose this action rather than a lesser action, I considered several factors.

I considered the nature and seriousness of the offenses, and their relation to your duties, position and responsibilities. HRSA's mission is *"To improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs."* Within HRSA, you work for BHW which *"improves the health of the nation's underserved communities and vulnerable populations by developing, implementing, evaluating, and refining programs that strengthen the nation's health care workforce."* You serve in a role that supports the Division of Practitioner Data Bank (DPDB) in our mission, which *"coordinates with the Department and other federal entities, state licensing boards, national, state, and local professional organizations, to improve health care quality, protect the public, and reduce health care fraud and abuse by administering the National Practitioner Data Bank (NPDB)."*

As a GS-13 Management Analyst in the Policy and Disputes Branch, you are responsible for demonstrating professionalism and providing timely, responsive, and respectful customer service that conform to HHS policies and general professional etiquette to all internal and external customers in order to fulfill the Agency's mission. You are also expected to collaborate with other parties and to use appropriate judgement in communicating sensitive information and to maintain credibility with internal and external customers to earn their trust and respect. In addition, you are expected to uphold the NPDB regulations and policies to our internal and external customers in order to fulfill DPDB's Mission and ensure overall work efficiency. Your conduct as noted above is concerning and negatively impacts our working relationship and performance of our work duties. It also negatively impacts my level of confidence that you will adhere to Agency policy and office requirements when on duty and while interacting with internal and external customers during difficult situations or when you do not agree with the customer or Division policy and the impact it may have in the Agency's ability to fulfill its mission. Your failure to follow direct orders, after repeated instruction, is unacceptable and causes disruption. Your actions also result in a loss of valuable time for numerous individuals in HRSA, which takes away the time needed to fulfil other mission critical tasks and meeting the needs of our internal and external customers. HRSA has a vital role for the American public and your actions impede our ability to effectively meet that role. Additionally, your misconduct of teleworking from a location that was not authorized was not proper and reflects your disregard for HRSA policies and could potentially put the Agency's secure servers at unnecessary risk. Your misconduct was repeated consistently for months which is concerning to me. I consider this factor aggravating.

I considered your past disciplinary record and find that you were suspended for seven days for disrespectful comments towards supervisor(s) and failure to follow instructions in August 2022. What I find particularly concerning about this factor is that you were suspended in August 2022, for not following the same instructions regarding your laptop return, yet you have continuously failed to follow my instructions to you without any show of remorse or indication that you planned to comply with my instruction. Your actions have caused me to doubt the effectiveness of the prior discipline and your overall ability for rehabilitation. I considered your job level and type of employment, contacts with the public, and prominence of the position. You are an experienced GS-13 expert in your position. As such, you must show a commitment to uphold and advise on HRSA policies whenever you are representing HRSA. You are also required to interact with the public in many facets while serving in your role. In regard to your conduct noted above, this is concerning to me as I am not confident that you will uphold HRSA's policies and requirements in a proper manner given your own actions in being AWOL and failing to comply with numerous instructions and Agency policy. I am concerned that you will not perform your duties in accordance with the applicable HRSA policies and guidance. I considered this an aggravating factor.

I considered the effect your misconduct has upon my confidence in your ability to perform assigned duties. I have lost confidence in your ability to comply with HRSA policies and the requirements of your position given your repeated absences without approval, failure to follow instructions and failure to comply with policy requirements. I expect to be able to communicate with you, a GS-13 Management Analyst, with a high level of professionalism and to give an instruction once with compliance. Instead, I spend inordinate time providing you with repetitive and detailed instructions and expectations with which you continually fail to comply. Additionally, you failed to follow the instructions on a routine action, which to date has not been completed. The consequence of your failure to follow policy, AWOL and failure to follow instructions, is that DPDB is constantly disrupted, and I am not able to focus on urgent tasks that are necessary for the Division to support BHW's mission. I consider this factor aggravating.

I considered the consistency of the penalty to the HHS table of penalties for the offenses of failure to follow policy, failure to follow instructions and AWOL, which is a suspension up to removal. In imposing this disciplinary penalty, I considered the number of charges and I believe removal is appropriate.

I considered the clarity with which you were on notice of the rules that were violated in committing the offense of your failure to follow policy, failure to follow instructions and AWOL. I considered the numerous notices I issued you outlining that you must follow instructions in your leave restriction, as well as the instructions to return your old HRSA laptop to OIT and the gravity of your continued refusal to comply. I considered that I notified you via email on June 9, 2022, that, *"if the laptop is not returned by COB on June 17th (your next scheduled in-office day) as you indicated below, the Agency will have to take disciplinary action for not following instructions and being insubordinate."* I considered that I notified you in

my Proposed Suspension, dated July 20, 2022, that *“your failure to follow instructions for the proper refresh and return of your HRSA laptop expended several hours from numerous HRSA staff, to include several staff in the OIT office. The number of times you have been counseled on these issues takes away from the time we need to complete other Agency-related work... I expect to be able to communicate with a GS-13 Analyst with a high level of professionalism and to give an instruction once with compliance. ...you failed to follow the instructions on a routine action, which to date has not been completed.”* Deputy Director Melissa Moore also outlined to you in the notice for Decision on Proposed Suspension, dated August 25, 2022, that your failure to comply with the instructions to return your old laptop was unacceptable and *“This misconduct is unacceptable and will not be condoned or tolerated... You are hereby notified that any further misconduct will result in more severe disciplinary action being taken against you, up to and including your removal from the Federal service.”* I also included notices to you via email about your failure to follow my instructions. On August 3, 2022, I advised, *“Please also note, your laptop was not returned by yesterday per my instruction; you are failing to follow instructions, which is considered misconduct.”* I notified you again on August 10, 2022, in an email regarding your old laptop that, *“Your continued misconduct is unacceptable and is continuing to cause disruption and additional work for multiple individuals and program areas and cannot be tolerated. I expect your immediate compliance.”* These notices were clear, yet you continued with noncompliance. I also considered the clarity in which you were notified that staff must comply with their approved telework agreements, which includes teleworking from the approved ADS. These rules were clearly outlined in the telework agreement you signed several different times, which is unacceptable. I considered this factor particularly aggravating.

I considered mitigating factors related to the offenses outlined above. I considered your length in service as well as your positive performance record in the Federal government. Additionally, I considered the personal stress you outlined in your communications in your email responses to my instructions. These facts are mitigating; however, these mitigating factors do not outweigh the gravity of your actions and continued misconduct.

I considered the adequacy and effectiveness of alternative sanctions to deter such conduct in the future. As noted above, other forms of discipline such as your prior seven (7) day suspension have done little to curtail your misconduct; therefore, I find other sanctions inadequate to deter your unacceptable behavior further and find removal as the only way to mitigate the negative impact on the efficiency of HRSA's mission.

Right to Reply

The decision on the proposed removal will be made by the Deciding Official in writing. You will be given ten (10) calendar days following receipt of this notice to deliver an oral and/or written reply to the Deciding Official. Reasonable requests for extension to reply will be granted. Your request should indicate the specific

reasons why additional time to reply is needed. If you intend to provide an oral or written reply or both, you must notify the Deciding Official within five (5) calendar days of receipt of this notice. You may provide supporting documentation to be considered in support of your reply. Any response should be made directly to the Deciding Official. If you do not respond to this proposal or request an extension of time to submit a reply within the timeframes noted above, a decision will be made based upon the evidence of record. If you submit a timely reply to this notice, a decision will not be made until full consideration is given to that reply.

Any reply you make or request for extension should be addressed to the Deciding Official at:

Melissa B. Moore, MSW, MBA
Deputy Director, Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
Ph: (301) 945-3332, or email MMoore1@hrsa.gov

You have the right to be represented in responding to this proposal, or during any part of this proceeding. If a representative is designated, please advise me of your designation in writing at the above address (see attachment). Management may disqualify your designated representative for reasons of conflict of interest or position.

You and/or your representative have the right to review the material relied upon to support the reasons given in this proposal letter. The material relied upon for this proposal is attached.

You are not authorized official duty time to prepare your reply or to meet with a representative in this matter but will be granted official duty time to present your reply to the Deciding Official. You may be allowed to use leave to meet with representatives during duty time.

Assistance:

You may wish to contact the Employee Assistance Program (EAP). Use of EAP services is voluntary, free, and confidential. The EAP can assist you with a variety of situations. You can contact them on 1-800-222-0364. They are a consultative service that is solution-focused, offering tools and strategies, referrals, and someone to talk it through.

The EAP counselors will not share information with me unless you sign a release of information. Otherwise, the EAP counselors will only confirm that you attended a meeting with them so I can account for your attendance during work hours.

I can approve duty time for you to attend EAP sessions up to an hour for each of six sessions (per issue). Please see me if you would like to request duty time to attend an EAP appointment. If you go to EAP on your own time, you are not required to notify me.

If you have a medical condition, which you wish the Agency to consider before reaching a final decision in this matter, you may raise it in connection with your reply. However, any such claim must be supported by medical documentation, which defines the condition and establishes a causal connection between the condition and the above-described performance deficiencies.

If you have any questions concerning the regulations and procedures applicable to this proposal, you may contact Kelli Lee, Labor and Employee Relations, at 301-443-4622.

Attachment(s):

Designation of Representative Form
Materials relied upon

You are requested to sign and date the acknowledgment receipt copy of this letter. Your signature does not mean you agree or disagree with the contents of this letter; it means that you acknowledge that you received it.

Claudia Rausch

Date



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Bureau of Health Workforce

5600 Fishers Lane

Rockville, Maryland 20857

Method of delivery: Email and Certified Mail

Date: December 1, 2022

From: Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank

To: Claudia Rausch
Management Analyst

Subject: Instructions for Notice Leave

This is notice that effective immediately, I am placing you on notice leave, which is a non-duty, paid leave status. I am placing you on notice leave at your present grade and step during the proposal period for your proposed removal.

While you are on notice leave, you remain an employee of HRSA and continue to receive pay and benefits; however, you will not return to the workplace until I authorize your return to duty, and I notify you.

The Agency may call you at home, at any time, during regular business hours to instruct you to report for duty, so you must remain available to the Agency, and must request and receive approval for any annual leave, sick leave, or leave without pay for absences, from me, if and when you are not available for work. If you fail to do so and are unavailable when needed, or summoned, you will be charged Absent Without Leave (AWOL) for the period of unavailability.

During this period of notice leave, you are not to conduct any official business nor appear at any Federal facility in an official capacity without first getting permission from me or from my designee, Melissa Moore. Your cooperation will be appreciated.

Finally, during this period of notice leave, I am directing you not to appear at the 5600 Fishers Lane building for any reason without explicit and advance permission from me nor to perform any official duties. If you wish to enter the building for any reason, you must contact me on 301-443-2251 or Email: cnganga-good@hrsa.gov to seek and secure permission in advance to enter the premises. If I am not available you must contact Melissa B. Moore on 301-945-3332 or Email: MMoore1@hrsa.gov. If you try to enter the 5600 Fishers Lane building without securing the appropriate authorization, the guards will be instructed to remove you from the premises. Failure to comply with this or any other instruction will subject you to disciplinary action based upon failure to follow supervisory instructions.

I would also like to remind you that the Employee Assistance Program (EAP) is available to you. The EAP is confidential counseling offered to all employees who may be experiencing personal problems that may be affecting them. They are reached by calling 1-800-222-0364, 24 hours a day/7 days a week. However, if you wish to visit the EAP office in this building you must contact me first so that I may authorize your admittance into the building.

Please contact me if you have any questions about the procedures or regulations applicable to these requirements.

Carolyn Nganga-Good

EVIDENCE FILE

Claudia Rausch

Removal

Charges: (1) Failure to
Follow Instructions;
(2) Failure to Follow
Policy; and 3) Absence
Without Leave

December 2022

Charge:

- 1) Failure to Follow Instructions

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Friday, February 4, 2022 3:08 PM
To: HRSA OIT Equipment Refresh <HRSAOITEquipRefresh@hrsa.gov>
Subject: RE: IT Bulletin – Laptop Refresh Notification – ACTION REQUIRED

Hello,

I would like to tentatively schedule my laptop refresh for February 23, 2022.

Thanks,

Claudia M. Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: HRSA OIT Equipment Refresh <HRSAOITEquipRefresh@hrsa.gov>
Sent: Wednesday, January 19, 2022 8:29 AM
Subject: IT Bulletin – Laptop Refresh Notification – ACTION REQUIRED

WHAT IS HAPPENING?

The Office of Information Technology (OIT) will replace selected HRSA-issued laptops that have reached the 4-year service life and will therefore need to be refreshed with a new Dell laptop. Your current laptop has become eligible for replacement as part of the 2021 laptop refresh cycle (If your laptop was upgraded this past year, please let us know by responding to this email).

WHAT DO I NEED TO DO?

Your laptop refresh will be completed on the same day that you return your current laptop.

To schedule your laptop refresh date, please reply directly to this email advising the date/time you prefer (from the dates listed below). Please select a first choice and a second choice as the number of appointments available each day are limited. We will do our best to accommodate your first choice.

On the day of your appointment, please report to the HRSA facility (5600 Fishers Lane), Room 05W29.

All HRSA employees who have 5600 Fisher's Lane listed as their official tour of duty work station must come to the building to get their laptop refreshed. We will not be mailing them. To avoid any delays with your refresh, we highly recommend that you arrive promptly on time.

Upon arrival of your appointment, you will hand off your laptop to the servicing technician and in the interim, you will receive a 'loaner' laptop.

Please be advised that your network password will be updated as part of the necessary process to set up your new laptop. The refresh process requires that a technician log into your laptop under your profile. For security reasons, we require that you change your network password upon receiving your new laptop. If you own a HRSA-issued mobile device, you will need to update your network password on this device as well.

Users will receive details regarding specifics before their password is changed, with reminders about password settings on their iPhone (if applicable). Please ensure that you provide the servicing technician with a good contact number where you can be reached to notify you when your new laptop is ready for pickup. If you are unable to schedule for one of the listed days below, your refresh will be postponed until we have refreshed all other users. **Please note that if you are separating from HRSA within the next 90 days, please inform the Service Desk. We will not refresh your laptop.** If you reside in the DC-Metro area, you will need to come into the HRSA Office to complete your laptop refresh.

Appointments Available

Day	Date	# of Slots Available
Monday	01-24	13
Tuesday	01-25	14
Wednesday	01-26	14
Thursday	01-27	14
Monday	01-31	14
Tuesday	02-01	14
Wednesday	02-02	13
Thursday	02-03	14
Monday	02-07	14
Tuesday	02-08	14
Wednesday	02-09	14
Thursday	02-10	14
Monday	02-14	14
Tuesday	02-15	14
Wednesday	02-16	14
Thursday	02-17	14
Monday	02-21	14
Tuesday	02-22	14
Wednesday	02-23	14

Your data has been backed up by MS OneDrive and will be accessible on your new laptop. No action is required for you to backup any of your data on your existing laptop. If you would like to learn additional information regarding MS OneDrive, please see the following information below:

- Attend one of the OIT Spotlight sessions on OneDrive. [Register](#)
- Review information about OneDrive on the [OneDrive SharePoint Information Page](#).
- Watch the Microsoft video [Why use OneDrive to Store your documents](#).
- Watch the [Microsoft Training Videos](#).

Please note the following items that you will need to bring with you on the day of your appointment:

- Laptop
- Power cord
- PIV card
- HRSA-issued mobile device (if applicable)

Should you experience any issues with your new laptop or your data, please contact the Helpdesk at (301) 496-4397 or submit a Service Now ticket.

Thank you for your continued support.

The Rules of Behavior (RoB) are part of a comprehensive program to provide information security for the Health Resources and Services Administration (HRSA) and programs that operate under HRSA's guidance, such as the National Practitioner Data Bank (NPDB) and the NPDB Salesforce Customer Relationship Management (CRM), collectively referred to as NPDB throughout this document. The purpose of this RoB is to ensure that all users are aware of their responsibilities, to hold all users accountable for their actions, and to establish ethical and practical standards that must be followed. All employees, contractors and other system users are required to comply with these rules to protect the NPDB system and data from misuse, abuse, loss, or unauthorized access or modification. This RoB applies to HRSA team members accessing the NPDB within the system security boundaries.

HRSA Information Systems

Users are given access to the following information systems based on the requirements of their job duties:

- The NPDB (including IQRS, Compliance Tracker, Disputes Tracker)
- Confluence & JIRA (these are 3rd party COTS tools that support NPDB Development)
- Salesforce.com (3rd party COTS tool that supports customer service center)
- Tableau (3rd party COTS tool that supports NPDB data analysis and visualization)
- Five9 (3rd party COTS tool that supports NPDB call handling and VoIP)

System Privileges

When using and accessing HRSA resources and the NPDB system and information, I understand that I must:

1. Comply with federal laws, regulations, and HRSA policies and that I must not violate, direct or encourage others to violate these policies.
2. Be accountable for all actions when accessing the NPDB system and information.
3. Not attempt to access systems, data, or applications to which access has not been authorized.
4. Not attempt to override NPDB security procedures, system configurations, or access controls.
5. Prevent unauthorized use and access to the NPDB system and information.
6. Limit personal use of HRSA resources. This limited personal use must not interfere with official business, disrupt productivity, or violate security policies.
7. Have no expectation of privacy while using HRSA resources and understand that any actions are subject to monitoring, recording, and auditing to the extent allowed by law.
8. Complete all mandatory training prior to system access and annually thereafter.
9. Properly secure all HRSA issued equipment when unattended, either at work (in GDIT facility, HRSA facility, or remotely) or on travel. This includes locking equipment, placing in locked drawer, keeping out of plain sight, and removing the Personal Identity Verification (PIV) card. When traveling, equipment should not be in checked baggage.
10. Not install unlicensed software, non-project related software, or personal software (e.g., games, personal tax programs, music programs, etc.).
11. Work with HRSA and the NPDB System Engineering team to request installation of licensed project related software.
12. Notify the NPDB Information Systems Security Officer (ISSO) and Contracting Officer's Representatives (COR) immediately when there is a change in employment status and/or when access to the system is no longer needed.

Account Credentials

I understand that I must:

1. Protect all account credentials (e.g., user ids, passwords, passphrase, PIN numbers, etc.) from disclosure and compromise.
2. Never share nor accept another's account credentials.
3. Safeguard and maintain passwords/passphrase:
 - a. Keep passwords/passphrase confidential, and never share nor accept another's password/passphrase.
 - b. Create a strong passphrase in accordance with HRSA and other applicable policies. The passphrase must be at least 15 characters long and include at least one numeric character. The passphrase should contain at least four (4) words, and should be easy to remember but difficult for others to guess.
 - c. Immediately change vendor supplied passwords.
 - d. Immediately change passwords/passphrase when prompted at expiration.
 - e. Immediately change password/passphrase if suspected of compromise.
 - f. Users must report any known/suspected password/passphrase compromise to their supervisor and/or NPDB ISSO.
4. Safeguard and maintain PIV card if issued:
 - a. Maintain possession at all times, and never share nor accept another's PIV card.
 - b. Protect their PIV card and PIN at all times and shall not share either PIV credentials or PIN with anyone.
 - c. Lock workstations and remove PIV card from systems when leaving them unattended.
 - d. Report lost PIV card immediately.
 - e. Return PIV card when no longer required to perform job duties or upon project termination.

Voice/E-mail/Fax/Internet Communications

When accessing and using the Internet and email, I understand that I must:

1. Limit personal use of social media and networking sites (such as YouTube, Twitter, Facebook, etc.). This limited personal use must not interfere with official business, disrupt productivity, or violate security policies.
2. Not click on links or open attachments sent via email or text message Web links from untrusted sources, and must verify information from trusted sources before clicking on links or opening attachments.
3. Not provide personal, NPDB, or HRSA information to an unsolicited email.
4. Not auto-forward HRSA email to external and internal email sources unless authorized by NPDB program.
5. Not use email or other internet-based communication systems (e.g. Salesforce chatter, Twitter, Facebook Messenger, etc.) to transmit NPDB sensitive information.
6. Use only HRSA email accounts for conducting official HRSA business to the extent required by law, regulation and applicable policies.
7. Use HRSA Virtual Private Network (VPN) connection when connecting to unsecured Wi-Fi networks (e.g., airports, hotels, restaurants, etc.).
8. Not post information to the NPDB Informational Web Site unless authorized to do so and information has been approved by the HRSA Division of Practitioner Data Bank (DPDB).
9. Not post HRSA information to external newsgroups, social media, other types of third-party website applications, or any other public forums unless authorized by NPDB program or other applicable laws, regulations, and policies.

Data Protection

The NPDB maintains sensitive information, whose loss, misuse, modification, or disclosure could adversely affect NPDB operations or individuals. Examples of NPDB sensitive information include Personally Identifiable Information (PII) such as social security number; electronic Protected Health Information (ePHI); financial data such as credit card numbers; and NPDB credentials such as passwords.

When handling and accessing NPDB sensitive information, I understand that I must:

1. Take all necessary precautions to protect the NPDB system and information including but not limited to Personally Identifiable Information (PII), electronic Protected Health Information (ePHI), financial data, and other NPDB information from unauthorized access, use, modification, destruction, theft, disclosure, loss, damage, or abuse, and in accordance with HHS/HRSA policies.
2. Access NPDB sensitive information only to the extent necessary to perform required job duties and only for the purposes for which it was collected.
3. Not access or store NPDB sensitive information on personally owned devices (e.g., cell phones, laptops, etc.).
4. Not remove NPDB sensitive information (whether in hard copy or electronic form) from approved project boundaries, with the exception of laptops as described below.
5. Protect NPDB sensitive information at rest. This includes, but is not limited to:
 - a. Never store on a HRSA issued laptop unless there is a specific business need, written management approval has been received, and the data has been encrypted with project approved Federal Information Processing Standards Publication ([FIPS PUB 140-2](#)) compliant encryption software.
 - b. Never store on removable devices (e.g., flash drives, CDs, etc.).
 - c. Never store on public network drives or other drives available to non-NPDB personnel. NPDB sensitive information can only be stored on Confluence, the NPDB project collaboration tool.
6. Protect NPDB sensitive information in transit. This includes, but is not limited to:
 - a. Never transmit via fax.
 - b. Never transmit via the body of an email or as an unencrypted email attachment.
 - c. Transmit to authorized individuals via an email attachment that has been encrypted and password protected using the SecureZIP encryption tool, or encrypted with a FIPS 140-2 compliant encryption solution approved by HRSA. Communicate passwords out of band (e.g., via separate email, text message, in person, or phone call).
 - d. Transmit to authorized individuals via NIH Secure Email and File Transfer (SEFT), GDIT Secure File Transfer or the Confluence collaboration tool.
7. Never store on cloud based storage platforms (e.g. DropBox, Google drive, Onedrive) or non-approved 3rd party cloud based computing platforms (e.g. Azure, Google cloud) or statistical cloud computing services (e.g. SAS cloud)
8. Not share NPDB sensitive information with other business partners unless approved by HRSA and data will be protected according to NPDB policy.

Media Control

When handling non-digital media containing NPDB sensitive information, I understand that I must:

1. Never remove documents containing NPDB sensitive information from the approved DPDB space. Documents must be under the control of the user at all times, or kept in a secure safe or locked cabinet when not in use.
2. Print documents containing NPDB sensitive information using the printer within the secured spaces allocated to DPDB, DBO and GDIT only.
3. Follow approved project procedures for labeling NPDB documents.
4. Follow approved project procedures when storing NPDB documents off-site.
5. Follow approved project procedures when transporting NPDB documents via courier or US Mail.
6. Securely shred documents containing NPDB sensitive information.

Remote Work Locations

HRSA policy authorizes employees to work from locations other than their duty station under certain specific circumstances and if they have a formal, written authorization from their supervisor. When justified, HRSA OIT representative may authorize access to the HRSA LAN/WAN from a remote location. Users are responsible for updating virus protection software and other security patches on the remote computer when automated processes are inaccessible.

When teleworking or working remotely, I understand that I must:

1. Only access sensitive information from a private location (e.g., home, hotel room) not a public location (e.g., airport, Internet Café, etc.).
2. Ensure that NPDB sensitive information is not viewed by non-NPDB personnel.
3. Not print NPDB sensitive information.
4. Comply with all policies in this Rules of Behavior.

Privacy

I understand that I must:

1. Collect information about individuals only as required by my assigned duties and authorized by a program-specific law, after complying with any applicable notice or other requirements of laws such as the Privacy Act of 1974, the Paperwork Reduction Act, and agency privacy policies and OMB memoranda, such as OMB Memorandum M-17-06 governing collection of PII on agency websites.
2. Release information to members of the public (including individuals, organizations, the media, individual Members of Congress, etc.) only as allowed by the scope of my duties, applicable NPDB, GDIT, and HRSA policies, and the law.
3. Not access information about individuals unless specifically authorized and required as part of my assigned duties.
4. Not use NPDB information for private gain or personal knowledge, to misrepresent myself or for any other unauthorized purpose.
5. Use information about individuals only for the purposes for which it was collected and consistent with conditions set forth in stated privacy notices.
6. Ensure the accuracy, relevance, timeliness, and completeness of information about individuals, as is reasonably necessary and to the extent possible, to assure fairness in making determinations about an individual.
7. Maintain no record describing how an individual exercises his or her First Amendment rights,

unless it is expressly authorized by statute or by the individual about whom the record is maintained, or is pertinent to and within the scope of an authorized law enforcement activity.

Strictly Prohibited Activities

When using and accessing HRSA resources and the NPDB system and information, I understand that I must refrain from the following prohibited activities:

1. Unethical or illegal conduct (e.g., pornography, criminal and terrorism activities, etc.).
2. Sending or forwarding chain letters, e-mail spam, inappropriate messages, or unapproved newsletters and broadcast messages.
3. Sending messages supporting or opposing partisan political activity.
4. Using peer-to-peer (P2P) software.
5. Sending, retrieving, viewing, displaying, or printing sexually explicit, suggestive or pornographic text or images, or other offensive material (e.g., vulgar material, racially offensive material, etc.).
6. Creating and/or operating unapproved/unauthorized websites or services.
7. Using, storing, or distributing, unauthorized copyrighted or other intellectual property.
8. Using HRSA information, systems, and devices to send or post threatening, harassing, intimidating, or abusive material about anyone in public or private messages or any forums.
9. Exceeding authorized access to sensitive information.
10. Using HRSA equipment for commercial or for-profit activity, shopping, instant messaging, playing games, gambling, watching movies, accessing unauthorized sites, and hacking.
11. Using an official HRSA e-mail address to create personal commercial accounts for the purpose of receiving notifications (e.g., sales discounts, marketing, etc.), setting up a personal business or website, and signing up for personal memberships. Professional groups or memberships related to job duties at HRSA are permissible.
12. Removing data or equipment from the project premises without proper authorization.
13. Knowingly or willingly concealing, removing, mutilating, obliterating, falsifying, or destroying HRSA information.
14. Storing any credit card data on local hard drives or other removable media.

Incident Reporting

I understand that I must:

Immediately report all suspected and known security and privacy incidents by sending email to: HRSA ISSO and carbon copy (My Manager, DPDB Director, DPDB Deputy Director, DBO Director, DBO Deputy Director, SDB Branch Chief, and NPDB COR) pursuant to NPDB Incident Response Plan and/or NPDB Incident Reporting Procedures. Examples of security and privacy incidents include but are not limited to:

1. Any activity contrary to these Rules of Behavior.
2. Unusual or suspicious activity.
3. Loss or theft of PIV card
4. Loss or theft of equipment.
5. Unauthorized physical access.
6. Unauthorized system access.
7. Receipt of suspicious emails.

Acknowledgement

The NPDB Rules of Behavior cannot account for every possible situation. Therefore, where these rules do not provide explicit guidance, NPDB personnel shall use their best judgment and highest ethical standards to guide their actions and seek guidance from management if unclear about these rules.

I acknowledge that I have read, understand and agree to adhere to the NPDB Rules of Behavior as listed above.

I understand that if I violate any of these Rules of Behavior, and/or HRSA policies, I may be subject to the following disciplinary actions depending on the severity of the violation and management discretion:

- Suspension of access privileges;
- Revocation of access to federal information, information systems, and/or facilities;
- Reprimand;
- Termination of employment;
- Removal or debarment from work on federal contracts or projects; and/or
- Criminal charges that may result in fines or imprisonment.

Signed: Claudia M. Rausch -S Digitally signed by Claudia M. Rausch -S
Date: 2022.03.04 17:50:48 -05'00'

Type or Print Name: Claudia Rausch

Date: 3-4-2022

From: Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>
Sent: Thursday, August 11, 2022 2:48 PM
To: Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Laptop Return

Hello Kelli,

Please see my comments inline (I've modified the existing statement that you've created). Please let me know if this statement will suffice.

Everyone's laptop has the "Security". Crowd strike- CR's old laptop does not have the agent, so if she were to ever decide to log in, it would be vulnerable from a security perspective. .. If she is not going to be compliant with us we need to try to see what we can do.

Updated statement: HRSA GFEs have a security agent-based sensor, CrowdStrike, installed on them. Claudia Rausch's older laptop does not have CrowdStrike installed on it because she has not returned the laptop to us nor has she logged into the laptop in a significant amount of time. This is due to the new laptop that was provided to Claudia as part of HRSA's routine lifecycle management schedule for HRSA laptops. HRSA purchases laptops for HRSA staff to use and those laptops have a 4 year on-site warranty. Claudia's old laptop model is a 7280 and is now approaching 5 years old. This hardware needs to be refreshed/returned to meet security, hardware warranty and support. Security is critical to HRSA and all HRSA staff have taken a yearly security training course that details their responsibilities in safeguarding data and use of hardware. Each laptop gets regular patches and hot fixes for software and hardware vulnerabilities, which Claudia's older model laptop, is not receiving because it is out of warranty and should be returned promptly (we do not recommend that she power this laptop on and log into it for these very security reasons/concerns). Equipment past its lifecycle becomes difficult to support due to lack of BIOS and hardware updates. This puts HRSA at a vulnerable position to support out of warranty equipment. Additionally, we have a server that holds images for laptop builds. This server has limited space and we need to off-board those old laptop images for new systems in use at HRSA. All staff at HRSA routinely use software that goes through upgrades. This is due to the manufacturer establishing an end-of-life for application support. New technology is introduced for the enterprise that improves work efficiency by enabling collaboration and operations. Each HRSA staff person is provided a government furnished laptop and with that comes the responsibility to support the security and compliance requirements for it to be supported and updated. We rely on HRSA staff to work with us to ensure that HRSA's data is protected and doesn't put the rest of HRSA in a vulnerable state because it can't be supported any longer.

Thank you,

Val

Valerie Perkins, MBA, MHA

Branch Chief, IT Customer Service Branch

Office of Information Technology (OIT)/Division of End User Support (DEUS)

Email: vperkins@hrsa.gov | Office: 301.443.3965 | Mobile: 240.645.7687

Need IT support? Check <https://itsupport.hrsa.gov>

Move Recently? Update your information at <https://adm.nih.gov/>

From: Lee, Kelli (HRSA) <KLee@hrsa.gov>
Sent: Wednesday, August 10, 2022 3:06 PM
To: Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>
Subject: RE: Laptop Return

Hi Valarie,

I am back in the office this week; so sorry I missed you last week. Laura Pereira-Zaldivar briefed me on your discussions last week on August 5th (I believe) and that LER is working with management on next steps.

I was hoping that you could provide me your OIT write up on the situation. Here is what Laura captured from your discussions but I am sure we missed a lot of the technical pieces. You are free to ask Julio (I believe) for his write up about what he shared as well.

Everyone's laptop has the "Security". Crowd strike- CR's old laptop does not have the agent, so if she were to ever decide to log in, it would be vulnerable from a security perspective. .. If she is not going to be compliant with us we need to try to see what we can do.

Any information you could add is appreciated.

Kelli Lee

Labor and Employee Relations Specialist
Division of Workforce Relations,
Office of Human Resources, HRSA, HHS
Parklawn Building, Suite 12N-58D
Office 301-443-4622
Mobile 301-642-7122

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From: Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>
Sent: Wednesday, July 13, 2022 10:37 AM
To: Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Laptop Return

Appreciate the update Kelli.

Thank you,

Val

Valerie Perkins, MBA, MHA

Branch Chief, IT Customer Service Branch

Office of Information Technology (OIT)/Division of End User Support (DEUS)

Email: vperkins@hrsa.gov | Office: 301.443.3965 | Mobile: 240.645.7687

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From: Lee, Kelli (HRSA) <KLee@hrsa.gov>
Sent: Wednesday, July 13, 2022 10:31 AM
To: Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>
Subject: RE: Laptop Return

Good morning Valarie,

Both Rausch and her supervisor have been out of the office. I will circle back with management to see if they are back in the office.

HRSA plans to direct Ms. Rausch back to OIT to return the laptop asap.

Kelli Lee

Labor and Employee Relations Specialist

Division of Workforce Relations,

Office of Human Resources, HRSA, HHS

Parklawn Building, Suite 12N-58D

Office 301-443-4622

Mobile 301-642-7122

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From: Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>
Sent: Wednesday, July 13, 2022 9:18 AM
To: Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: FW: Laptop Return

Good Morning Kelli,

I wanted to follow up with you regarding this matter. Is Ms. Rausch refusing to return her laptop? If so, what are the next steps for retrieving this user's old laptop?

Thank you,
Val

Valerie Perkins, MBA, MHA

Branch Chief, IT Customer Service Branch

Office of Information Technology (OIT)/Division of End User Support (DEUS)

Email: vperkins@hrsa.gov | Office: 301.443.3965 | Mobile: 240.645.7687

Need IT support? Check <https://itsupport.hrsa.gov>

Move Recently? Update your information at <https://adm.nih.gov/>

Lee, Kelli (HRSA)

From: Nganga-Good, Carolyn (HRSA)
Sent: Thursday, June 09, 2022 9:51 AM
To: Rausch, Claudia (HRSA)
Cc: Loewenstein, David (HRSA); Moore, Melissa (HRSA)
Subject: RE: Laptop Return

Claudia,

As informed on our 1:1 meeting yesterday, June 8th, we have spent way too much time on this issue of refreshing your old laptop and returning it to OIT as required and instructed multiple times since the first time you were notified of the need to refresh your computer on or about January 19, 2022 by OIT. After multiple reminders, follow ups, and missed appointments, you finally refreshed your laptop on April 22nd, but you opted to disregard the instructions you were provided to surrender your old laptop to be kept in OIT's custody until you needed it for your case. I was made aware on May 23rd that you hadn't returned the old laptop as you had promised the OIT Specialist on a couple occasions. I followed up with you on the same day with specific instructions to return it by May 26th and notify me when the task was completed. To date you have not returned it despite you extending the deadline and having to follow up with you since you had not provided an update. This is not a good use of our time.

As informed during our meeting on June 8th, if your intentions are not to return your old laptop despite stating in your email below that you intend to return it the next time you are in the office, please communicate your true intentions so that the agency can determine the next steps instead of these never ending postponements and follow ups. Otherwise, if the laptop is not returned by COB on June 17th (your next scheduled in-office day) as you indicated below, the Agency will have to take disciplinary action for not following instructions and being insubordinate.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, June 8, 2022 3:48 PM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>

Subject: RE: Laptop Return

Carolyn,

No, I didn't get a chance to. I'll have to return it during my next in-office day.

Thanks,

Claudia Rausch

Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (BHW)

☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Monday, June 6, 2022 4:27 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>

Subject: RE: Laptop Return

Claudia,

I meant to ask if you returned your old laptop today as you indicated on your June 1st email. Please update.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH

Chief, Policy and Disputes Branch

Division of Practitioner Data Bank

Bureau of Health Workforce

Health Resources and Services Administration

5600 Fishers Lane, Rockville, MD 20857

Phone: 301-443-2251

Email: cnganga-good@hrsa.gov

[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Monday, June 6, 2022 8:24 AM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>

Subject: RE: Laptop Return

Good morning,

Thanks for the update. Glad it is now working.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
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5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Sent: Monday, June 6, 2022 8:05 AM

To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>

Subject: RE: Laptop Return

Carolyn,

Yes, I contacted OIT. The ticket # INC6974148.

The status is: My Microsoft Teams is working now.

Thanks,

Claudia

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Friday, June 3, 2022 3:17 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>

Subject: RE: Laptop Return

Claudia,

I am following up to check whether you contacted OIT to assist you in resolving the Teams issues you have been having. Do you have an OIT ticket and what is the current status?

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Tuesday, May 31, 2022 12:01 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Subject: RE: Laptop Return

Thanks for the update. I will be on the lookout for your response on the laptop return. Please work with OIT to get your Teams restored and/or Teams issues resolved as soon as possible.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
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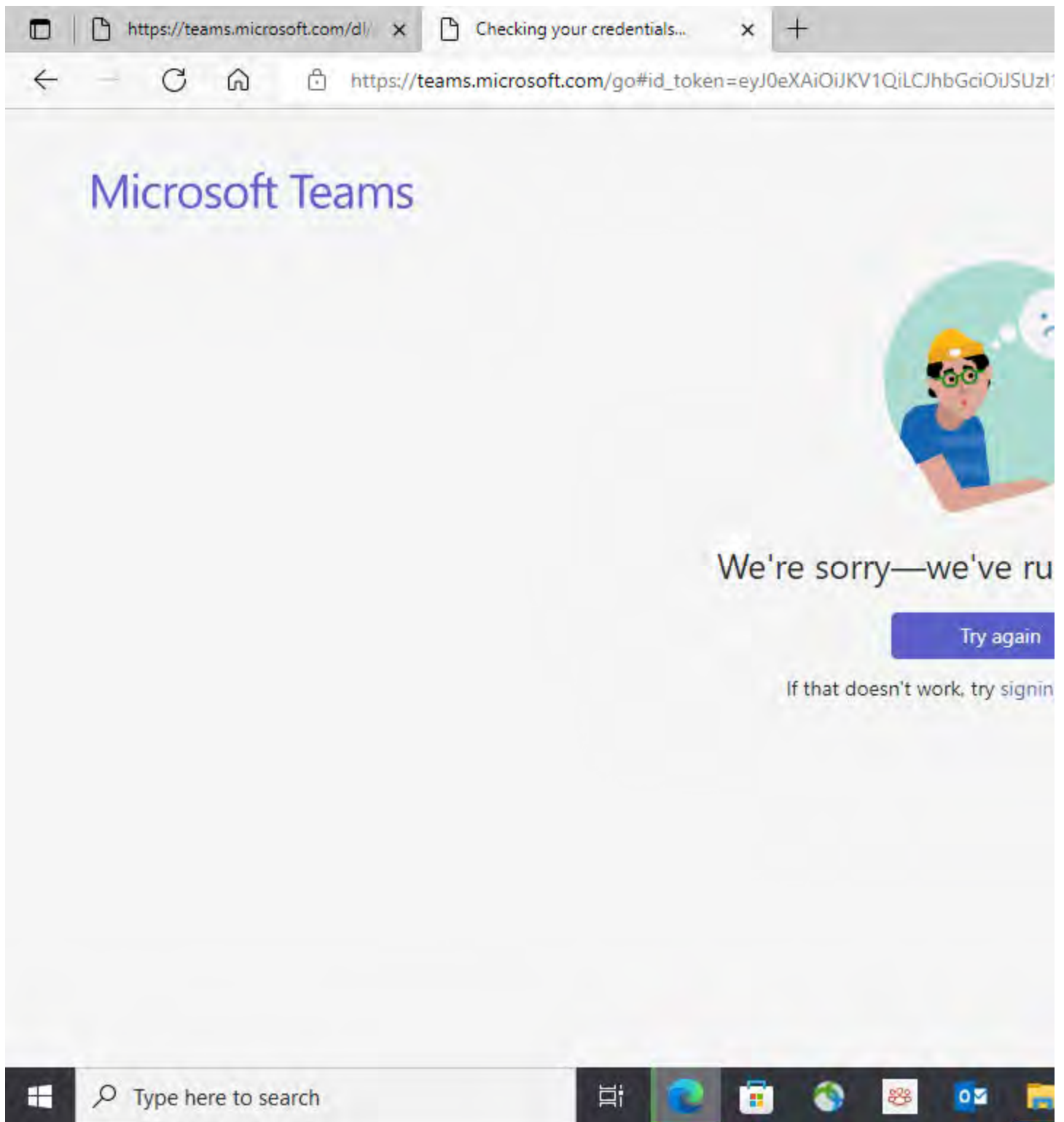
From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Tuesday, May 31, 2022 10:50 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Subject: RE: Laptop Return

Hi Carolyn,

I am on duty today, having issues bringing up teams, screenshot below. I will do my best to respond to the remainder of your concerns by the end of today.

Regards,

Claudia Rausch



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Tuesday, May 31, 2022 10:38 AM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Subject: RE: Laptop Return

Hi Claudia,

As of 10.30AM this morning I have not received an update on whether you returned the laptop as instructed on May 23rd and discussed on May 25th. Please advise as soon as possible.

Are on duty today? I am not aware of any leave request for today.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, May 23, 2022 3:57 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Laptop Return

Hi Claudia,

I was made aware that you have not returned your old laptop back to OIT as planned. I am instructing you to return your old HRSA laptop to OIT by **Noon on Thursday, May 26th** and let me know once the task has been completed. If you happen to be out of the office unexpectedly on May 26th, you must return your laptop the next day you are on duty.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Friday, August 12, 2022 12:53 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Lee, Kelli (HRSA) <KLee@hrsa.gov>

Subject: RE: Laptop Return

Hi Claudia,

This instruction is not unlawful. My instructions were clear and you are expected to comply. Further, you failed to return your old HRSA laptop on your next workday, which was Thursday.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Sent: Wednesday, August 10, 2022 5:43 PM

To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Cc: Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>;

Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>;

Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale

(HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA)

<AArcheval@hrsa.gov>; Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>; Fayese, Olufunmilayo (HRSA)

<OFayese@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Patel, Nisha (HRSA)

<NPatel@hrsa.gov>

Subject: RE: Laptop Return

Dear Carolyn,

Please take notice that based on facts and evidence I have reviewed, **I believe your email and instructions are unlawful, and an attempt to cover up fraud** and criminal activity by federal employees and/or federal contractors. Since previous attempts to reach resolution and communicate these

concerns to you and management officials in my chain of command have been unsuccessful, I will pursue legal action to the fullest extent allowed by law.

I also believe your email and actions are intended to deter protected EEO-activity and retaliate against a whistleblower.

For our records, **this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT.** In effort to exhaust my responsibility to gain resolution through any processes that may be available by the Agency, I have carbon copied additional Agency management officials in attempt to escalate my concerns of retaliation.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: clausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, August 10, 2022 5:06 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>
Subject: RE: Laptop Return

Claudia,

You were provided with clear instructions regarding your old HRSA laptop and you are expected to comply.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251

Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, August 10, 2022 12:42 PM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>
Subject: RE: Laptop Return

Hi Carolyn,

Sorry for the delay, I've had a lot on my plate.

Please take notice that I believe your actions, including all your requests for the laptop that contains the evidence that proves my current EEO claims, and your threats to take disciplinary action are unlawful, and at the minimum, **rooted in retaliatory animus, intended to deter my protected EEO-activity**, and amount to actionable retaliation. Specifically, **I believe your actions are intended to interfere with the integrity of the EEO process and my right to an impartial investigation into my EEO claims**. Accordingly, I will at the minimum, be pursuing a claim of retaliation and/or retaliatory harassment in response to each of your emails that threatens disciplinary action and/or attempts to remove the laptop with evidence of my EEO claims from my possession while my EEO claims are pending.

To date, every OIT employee I have spoken to regarding this matter has contradicted your statements or refuses to comment on the matter or be involved in the discussion. Subsequently, I reasonably am having a hard time believing that "OIT has advised that [my] old HRSA laptop poses a security risk and could put our HRSA network at risk due to it not having the latest security patches." I believe that a fact-finder with authority to make a decision during the adjudication of my retaliation claims will form the same conclusion, and find that your explanations are simply pretext for discrimination. Any perceived resistance from me in response to such emails, is at most, an attempt by me to oppose unlawful retaliatory actions by you; and not an attempt of misconduct.

I have courtesy copied other supervisors in my chain of command and Kelli Lee's, in effort to escalate my concerns of your retaliatory actions and exhaust whatever available resolutions the Agency is able to provide in response to your actions of retaliatory harassment towards me.

I'll further respond to this matter when I respond to your July 20, 2022 recommendation to suspend me for 7 days. Please stop with your retaliatory harassing emails about the laptop. They appear to be another attempt to distract me from pending issues, to include but not limited to, matters relating to my current EEO complaint.

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, August 10, 2022 11:41 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Laptop Return

Hi Claudia,

I did not hear back from you regarding the status of your old HRSA laptop and I have been notified that it has not been returned as of this morning. OIT has advised that your old HRSA laptop poses a security risk and could put our HRSA network at risk due to it not having the latest security patches. Since you have failed to return your old laptop as instructed, we will have to take additional measures to safeguard HRSA and assure the agency's network is secure as it pertains to your old HRSA laptop. To reiterate, you are not permitted to keep your old HRSA laptop, or to use the laptop and you must return the laptop to HRSA by **COB on your next workday**.

Your continued misconduct is unacceptable and is continuing to cause disruption and additional work for multiple individuals and program areas and cannot be tolerated. I expect your immediate compliance.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration

5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, August 3, 2022 12:50 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Laptop Return

Hi Claudia,

I am not inhibiting you from reporting any crimes that you deem appropriate to report. I did not mention that I spoke with OIT; I advised you verbally on 7/20/2022 during our one-on-one meeting that I had been notified that you had not returned your old laptop and you were required to return it as instructed. I also notified you that if the old laptop is needed as evidence as you stated, there are proper channels for evidence processing and the investigating agency(ies) would have to request the equipment through the proper channels as needed.

If you have surrendered HRSA's equipment to any individual outside of HRSA's OIT, I need that information immediately so that I can report the equipment location to our OIT. Please provide me this information by 5pm ET today, 8/3/2022.

If you are still in possession of your old laptop, you must return the laptop by 5pm ET tomorrow, 8/4/2022. Please also note, your laptop was not returned by yesterday per my instruction; you are failing to follow instructions, which is considered misconduct.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, August 3, 2022 9:50 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Perkins, Valerie (HRSA) <VPerkins@hrsa.gov>; Wampler, Valerie (HRSA) <VWampler@hrsa.gov>; Fayese, Olufunmilayo (HRSA) <OFayese@hrsa.gov>
Subject: RE: Laptop Return

Hi Carolyn,

I'm confused. In my June 21, 2022 email (attached), I told you that I was going to turn over the laptop to an authoritative federal law enforcement agency that has the authority to investigate the crimes that are evidenced on the laptop. You at no point replied to me or told me not to. No one included on that email replied to me, or disputed my claims. Accordingly, I thought you were in agreement.

Are you now asking me not to report these crimes? And asking me to turn in the laptop over to you and the Agency instead, so that the crimes evidenced on my laptop are not investigated? Because that's the impression I'm under. You mentioned you spoke to OIT, are they involved with this decision? I have CC'd then so that they may chime in and provide clarification. Since it appears Kelli Lee has been advising you on this, I have CC'd her on this email too, to make sure everyone is on the same page about what has been discussed regarding this laptop.

The crimes I'm referring specifically, are the electronic interference with my EEO activity. Yes, interfering with someone's constitutional rights to pursue a civil action in response to discrimination, is a crime. As I stated in my June 21, 2022 email with cites to the applicable law. Do you disagree, Carolyn? Are you aware of any laws, regulations or policies that form a contradictory conclusion? If you could please clarify that, it may help make sense of what you're asking me to do because I'm completely confused by your emails.

Are you trying to tell me that you don't want me to report the crimes that are evidenced on my laptop? I thought the HHS code of conduct, HSHR instructions, and ethics rules governing federal employees, require federal employees to report crime and wrong doing? I have CC'd HR in case they are able to chime in and clarify.

In my June 21, 2022 email, I provided you with the applicable U.S. Criminal Code laws and asked you to let me know if you thought these laws did not apply to these circumstances. But you never replied. So I really don't understand where your current email is coming from. Subsequently, I believe your emails are also rooted in retaliatory intent, and violate the EEOC's federal regulations pursuant to 29 C.F.R. Part

1614; as I explained in my June 21, 2022 email to you. I am CC'ing my higher level supervisors and HR in effort to exhaust my responsibilities to escalate my concerns of retaliation.

I will further address these concerns in my reply to your recent recommended disciplinary action to suspend me.

Thank you very much for your time and attention to this matter.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, July 20, 2022 4:35 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Laptop Return

Claudia,

Also as informed this afternoon, it is important that we comply with HRSA's initiatives regarding their equipment. Since you have not returned your old HRSA laptop to OIT as directed previously, I am instructing you to return it to OIT no later than your next in-office day, July 29th. If you happen to be out of the office unexpectedly on July 29th, you must return your HRSA laptop by close of business on your next scheduled workday (telework or in-office day).

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: [Nganga-Good, Carolyn \(HRSA\)](#)
To: [Claudia Marie Rausch](#)
Cc: [Rausch, Claudia \(HRSA\)](#)
Subject: RE: Out sick
Date: Monday, August 01, 2022 9:42:37 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)

Hi Claudia,

Thank you for the notification. Hope you feel better. I will ask Sheena to submit your sick leave for Friday and today to finalize last week's timecard.

Also note that you had a deliverable that was due no later than July 29, 2022. If the old laptop was not returned as instructed by July 29th, it must be returned by close of business on your next scheduled workday.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Claudia Marie Rausch <claudiamarausch@hotmail.com>
Sent: Monday, August 1, 2022 9:26 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Rausch, Claudia (HRSA) <CRAusch@hrsa.gov>
Subject: [EXTERNAL] Re: Out sick

Hi Carolyn,

I'm emailing you to let you know that I'm still not feeling well, and I'll need to be out on sick

leave/leave today. I will update ITAS as soon as I'm able to access it.

Thanks,

Claudia Rausch

On Jul 29, 2022, at 12:12 PM, Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov> wrote:

Hi Claudia,

Thank you for the notification. I hope you feel better. I will approve your ITAS request once submitted.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Claudia Marie Rausch <claudiamarausch@hotmail.com>

Sent: Friday, July 29, 2022 9:33 AM

To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>

Subject: [EXTERNAL] Out sick

Hi Carolyn,

I'm emailing you to let you know that I will need to be out on sick leave today. I will update ITAS momentarily.

Not sure if today is one of your AWS days, so have CC'd Melissa just in case.

Thank you,

Claudia Rausch

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

From: [Nganga-Good, Carolyn \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Subject: Laptop
Date: Wednesday, September 21, 2022 4:27:25 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)
Importance: High

Claudia,

I have been notified that you still have not returned your old HRSA laptop to OIT. You are expected to return the laptop on your next day in the office scheduled for September 23, 2022. In the event that you are on leave on September 23rd, you are expected to return the old HRSA laptop no later than close of business on your next work day.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, September 7, 2022 12:06 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Subject: RE: Telework Agreement ADS & Case #0756

Hi Claudia,

Yes, your dispute case has since been finalized and closed on your behalf after I contacted you on August 26th, thanks.

As stated in my August 26th email, you advised in your August 24th email that you had to evacuate from your home hence the inquiry whether your approved ADS is up to date. I need you to provide any updates to your telework agreement or confirm whether the current agreement is up to date by COB on September 8th.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Tuesday, September 6, 2022 4:24 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; eeocomplaints <eeocomplaints@hrsa.gov>
Subject: RE: Telework Agreement ADS & Case #0756

Hi Carolyn,

The decision letter for the dispute case was uploaded to the tracker over a week ago.

Please take notice that I believe the following part of your email is retaliation for protected EEO-activity, protected-opposition and perceived whistleblower activity; evidences a pattern of retaliatory harassment, and is discrimination on your part because I am a Hispanic, Mexican-American, Female:

"Based on your August 24, 2022, email, I wanted to follow up with you to check if your approved alternate duty station (ADS) in your telework agreement paperwork on file (attached) is up to date. All staff must have their ADS approved before they start teleworking from the location. If you need to update your telework agreement, please send it to me for my review by 5pm today..."

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Friday, August 26, 2022 12:12 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Telework Agreement ADS & Case #0756

Hi Claudia,

Based on your August 24, 2022, email, I wanted to follow up with you to check if your approved alternate duty station (ADS) in your telework agreement paperwork on file (attached) is up to date. All staff must have their ADS approved before they start teleworking from the location. If you need to update your telework agreement, please send it to me for my review by 5pm today.

I also wanted to follow up on the timeline for completing the decision letter for case # 0756. I sent you some feedback on August 8th. Please advise.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



Lee, Kelli (HRSA)

From: Moore, Melissa (HRSA)
Sent: Tuesday, November 08, 2022 1:34 PM
To: Rausch, Claudia (HRSA)
Cc: Kern, Michael (HRSA); Felizzi, Peter (HRSA); Loewenstein, David (HRSA); Nganga-Good, Carolyn (HRSA)
Subject: RE: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY

Claudia,

In Carolyn's absence, I am following up on the status of the missing laptop identified below. If it has not yet been returned, this laptop must be returned by **COB tomorrow, November 9, 2022**. Please update us on the status of this requirement.

Thank you,

Melissa B. Moore, MSW, MBA

Deputy Director, Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
(301) 945-3332



From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, November 2, 2022 3:16 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Kern, Michael (HRSA) <MKern@hrsa.gov>; Felizzi, Peter (HRSA) <PFelizzi@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>
Subject: RE: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY
Importance: High

Hi Claudia,

What is the status of this inquiry? If you have not responded to Michael, please do so no later than COB tomorrow, November 3rd.

Thanks,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov



From: Kern, Michael (HRSA) <MKern@hrsa.gov>

Sent: Thursday, October 20, 2022 1:20 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Felizzi, Peter (HRSA) <PFelizzi@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>; Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>

Subject: RE: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY

Hello Claudia,

Please advise.

Michael Kern

Property, IT, Space, Supplies, Safety, COOP Liaison for the Workforce Administration Team

Executive Office

Bureau of Health Workforce

Health Resources and Services Administration

5600 Fishers Lane, 15W41A

Rockville, MD 20857

301.443.2918 | Voice

MKern@hrsa.gov | E-mail



TOPIC	LOCATION (click on links below)
Administrative Resources	Administrative SharePoint Site for BHW Staff
Facilities, IT, Supplies and Property (FISP) Requests	BHW Division Admin Points of Contact (Please contact your Division Admin POC to submit a FISP Request)
Time and Attendance	ITAS Job Aids & BHW Timekeeper Directory
Travel	BHW Travel Guidance

From: Kern,
Michael
(HRSA)

Sent:

Tuesday, October 18, 2022 10:03 AM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Felizzi, Peter (HRSA) <PFelizzi@hrsa.gov>

Subject: RE: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY

Hello Claudia,

Following up on this. Please advise.

Michael Kern

Property, IT, Space, Supplies, Safety, COOP Liaison for the Workforce Administration Team

Executive Office
 Bureau of Health Workforce
 Health Resources and Services Administration
 5600 Fishers Lane, 15W41A
 Rockville, MD 20857
 301.443.2918 | Voice
MKern@hrsa.gov | E-mail



TOPIC	LOCATION (click on links below)
Administrative Resources	Administrative SharePoint Site for BHW Staff
Facilities, IT, Supplies and Property (FISP) Requests	BHW Division Admin Points of Contact (Please contact your Division Admin POC to submit a FISP Request)
Time and Attendance	ITAS Job Aids & BHW Timekeeper Directory
Travel	BHW Travel Guidance

From: Kern, Michael (HRSA)
Sent:

Wednesday, September 28, 2022 2:44 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Subject: ACTION REQUIRED 10/5: MISSING HRSA PROPERTY

Hello CLAUDIA,

Please see below the HRSA asset marked "MISSING" during the annual Property Inventory process. Our database shows your office as having possession of said asset. **Please reply to this email confirming possession of this asset no later than close of business 10/5.**

HRSA Barcode	Manufacturer	Model	Asset Description
84789	DELL	E7280	COMPUTER LAPTOP

Thanks!

Michael Kern

Property, IT, Space, Supplies, Safety, COOP Liaison for the Workforce Administration Team

Executive Office

Bureau of Health Workforce

Health Resources and Services Administration

5600 Fishers Lane, 15W41A

Rockville, MD 20857

301.443.2918 | Voice

MKern@hrsa.gov | E-mail

TOPIC	LOCATION (click on links below)
Administrative Resources	Administrative SharePoint Site for BHW Staff
Facilities, IT, Supplies and Property (FISP) Requests	BHW Division Admin Points of Contact (Please contact your Division Admin POC to submit a FISP Request)
Time and Attendance	ITAS Job Aids & BHW Timekeeper Directory
Travel	BHW Travel Guidance

Lee, Kelli (HRSA)

From: Washington, Rodney (HRSA)
Sent: Tuesday, November 29, 2022 5:34 PM
To: Lee, Kelli (HRSA)
Cc: Perkins, Valerie (HRSA)
Subject: Laptop Return
Attachments: FW: Policy/Procedure question

Kelli,

I sent a request for clarification from our “parent” organization in terms of property, HHS PSC (see attachment). I haven’t heard back but wanted to touch base given I promised a response by COB. Given this particular scenario **we** (DEUS/CSB/Property) would lean on the following:

HRSA Refresh

All IT assets including laptops and accessories must be returned promptly in a process-controlled way. This action ensures accountability of IT assets assigned to HRSA federal staff and contractors.

- Responsible party: Employee
- Action: Follows standard HRSA process and returns all IT assets unless otherwise directed.

HRSA Laptop Refresh

Laptops purchased by HRSA OIT have a four (4) year warranty for parts and service. HRSA OIT DEUS performs a yearly laptop refresh with the express purpose of removing laptops which are no longer under warranty. Older platforms (laptops) contain older operating systems which are susceptible to network security vulnerabilities. The refresh process ensures software and hardware remain in compliance. Approximately a third of all HRSA laptops are refreshed each year. All returned laptops are digitally wiped (scrubbed of all data) prior to reissue, donation, or disposal.

Verbiage from the **HRSA PROPERTY MANAGEMENT MANUAL** which may be of some use.

4.2.2.1 TURN-IN CRITERIA

Generating OPDIVs and STAFFDIVs shall comply with turn-in procedures established by the PMO.

Usable property shall be turned in as individual line items.

All PC fixed hard drives, ADPE magnetic tapes, PC disks (this is not commercial software programs), and disc storage packs etc. shall be degaussed (erased, demagnetized) and a certification, by the using OPDIV/STAFFDIV ADP officer and supervisor of the program turning in the equipment, attached to the tapes and disc packs. A certification shall also be included on the turn-in documentation.

Disposition of software shall be consistent with the limitations of any applicable license. Questions on disposition shall be referred to the local IRM component for resolution.

4.2.2.2 DOCUMENTATION

1. Property shall be turned in to the PMO on a Request for Property Action, HHS-22 form, or other authorized property turn-in documents (TID). The HHS-22 heading shall be filled in by the generating activity. The following is the minimum information that must be on the TID describing the property:
 - a) Barcode decal number/identification decal number.
 - b) Description and stock number (if known).
 - c) Quantity.
 - d) Unit of issue
 - e) Condition.
 - f) Unit cost
 - g) Category of property (such as exchange/sale, non-appropriated fund, etc.) and if proceeds are to be deposited to other than the General Fund Receipt Account, the reimbursement data to include the account to be credited and the Agency Location Code.
 - h) Weight and cubic size, estimated, if unknown.
 - i) Value and list of component parts that have been removed from vehicles or a copy of a Limited Technical Inspection form showing the nature and extent of repairs required.

Rodney E. Washington

HHS\HRSA\OIT

Office (301) 443.6104

iPhone\Mobile (202) 286.7212

Lee, Kelli (HRSA)

From: Rausch, Claudia (HRSA)
Sent: Friday, October 21, 2022 3:49 PM
To: Nganga-Good, Carolyn (HRSA)
Cc: Rausch, Claudia (HRSA)
Subject: RE: Paper Dispute Records Verification and Scanning Project - Due Sept 30

This task has been completed, thank you.

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Tuesday, October 18, 2022 5:51 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: RE: Paper Dispute Records Verification and Scanning Project - Due Sept 30
Importance: High

Claudia,

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Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)





From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Friday, September 9, 2022 10:46 AM

To: Bennett, Jovonnie (HRSA) <JBennett1@hrsa.gov>; Golden, Alan (HRSA) <AGolden@hrsa.gov>; Gregory, Marcella (HRSA) [C] <MGregory@hrsa.gov>; Horowitz, David (HRSA) <DHorowitz@hrsa.gov>; Illich, Donald (HRSA) <DIllich@hrsa.gov>; Lotterer, Paul (HRSA) <PLotterer@hrsa.gov>; Puntambekar, Neha (HRSA) [C] <NPuntambekar@hrsa.gov>; Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; Stanzione, Adam (HRSA) <ASTanzione@hrsa.gov>; Timothy, Anastasia (HRSA) <ATimothy@hrsa.gov>; Brodsky, Jason (HRSA) <JBrodsky2@hrsa.gov>; Kirby, David (HRSA) <DKirby@hrsa.gov>

Cc: Jordan, Andy (HRSA) <AJordan@hrsa.gov>; Moran, Michael (HRSA) <MMoran@hrsa.gov>

Subject: Paper Dispute Records Verification and Scanning Project - Due Sept 30

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work

https://sharepoint.hrsa.gov/sites/BHW/DPDB/PDB/SOPs%20and%20Guidelines/Records_Management/Dispute%20Files%20Scanning%20Project%202022.xlsx

If you anticipate any issues or have any questions, please let me know as soon as possible.

Thank you,

Carolyn

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Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



Lee, Kelli (HRSA)

From: Nganga-Good, Carolyn (HRSA)
Sent: Monday, October 03, 2022 4:48 PM
To: Rausch, Claudia (HRSA)
Subject: RE: Paper Dispute Records Verification and Scanning Project - Due Sept 30

Hi Claudia,

Please advise on the status of the paper files that you were supposed to verify. This task was due on 9/30. See email below.

Best,

Carolyn

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Chief, Policy and Disputes Branch
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Management Analyst
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HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

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[HRSA/National Practitioner Data Bank](#)



From: [Nganga-Good, Carolyn \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Subject: RE: Leave Restriction
Date: Wednesday, September 21, 2022 4:23:36 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)
[Rausch Leave Restriction 9.21.2022.pdf](#)
Importance: High

Claudia,

I did not receive your acknowledgment by the deadline as well as the extended time of 4PM. Here is the finalized Memo. This leave restriction goes into effect today. Therefore, beginning September 28 2022, you must report to your official duty station at 5600 Fishers Lane, during your tour of duty, unless you are on approved leave.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
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From: Nganga-Good, Carolyn (HRSA)
Sent: Wednesday, September 21, 2022 10:32 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Leave Restriction

Hi Claudia,

As mentioned on September 14, 2022, during our 1:1 meeting, I am putting you on a leave restriction. Attached is the Memo detailing the restriction and expectations. Please sign it **no later than 3 PM today, September 21, 2022** acknowledging receipt. If I do not get the acknowledgment

by 3 PM today, I will document that “employee refused to sign” and file the memo. Please note that your signature does not mean that you agree or disagree with this notice and, by signing you will not forfeit any rights to which you are entitled. Your failure to sign will not void the contents of this memorandum.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Resources and Services Administration

Bureau of Health Workforce
5600 Fishers Lane
Rockville, MD 20857

Memorandum

Delivery Method: Electronic Mail

AT YOUR OWN OPTION, YOU MAY FURNISH THIS NOTICE TO NTEU

Date: September 21, 2022

To: Claudia Rausch
Management Analyst

Subject: Notice of Leave Restriction
Notice of Telework and Alternate Work Schedule Suspension

From: Carolyn Nganga-Good
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce

This memorandum serves as notice that, effective immediately, you are placed on leave restriction. You are also notified that effective immediately, that your telework and Alternate Work Schedule (AWS) participation is terminated.

Your frequent pattern of unscheduled absences have resulted in a negative impact for the team. Your pattern of attendance is unacceptable and I expect immediate improvement. So far, in 2022, you have used unanticipated leave with little to no notice in almost every pay period. I also have been growing more concerned with the timing of your requests for leave as they often coincide with days you are required to report into the office. Failure to correct these behaviors/issues of concern or failure to make improvements may result in charges of Absence Without Leave (AWOL) or disciplinary/adverse action.

On April 19, 2022, I issued you a counseling memorandum which stated, in part, *"I am also putting you on notice regarding some of my concerns related to your attendance... I would also like to put you on notice of a concerning pattern of attendance I have observed. You frequently request unanticipated leave on dates when you have a deliverable, deadline, or 1x1 meeting with me... This pattern is concerning and I want to put you on notice that in the event I believe you may be requesting leave inappropriately, I may request acceptable documentation before I approve your leave."* Then, on May 23, 2022, I emailed you stating in part, *"I would like to provide you notice in regards to your*

attendance, leave balances, and the expectations moving forward.“ On August 23, 2022, I also sent you another email, in response to a few unanticipated leave requests, outlining your low leave balances.

You were counseled numerous times about your concerning leave pattern and your dwindling leave balances, yet there has been little to no improvement. Therefore, I find it necessary to institute a leave restriction for a 6-month period. I will notify you in writing, six (6) months from now, whether these restrictions will be canceled or continued, based on your adherence to these procedures.

LEAVE RESTRICTIONS

Your current approved tour of duty is a regular work schedule of 9:30am until 6:00pm, which includes a 30 minute lunch period.

You will stay on this leave restriction until notified in writing by me. I will notify you no later than six (6) months from the date of receipt of this memorandum whether these restrictions will be canceled or continued, based on your adherence to these procedures and demonstration of significant improvement in your attendance.

Scheduled, non-emergency leave (Sick Leave [SL] and Annual Leave [AL], and Leave Without Pay [LWOP])

- It is your responsibility to request leave and receive approval for your absences in advance, from me, before using it, and record your leave use in ITAS. In my absence you must submit your request for leave to my designee, Melissa Moore at MMoore1@hrsa.gov or (301) 945-3332 or Dave Loewenstein at dloewenstein@hrsa.gov or (301) 443-8263.
- You must request leave approval for any non-emergency leave at least one workday (24hours from the time you report for duty) in advance of the time you wish to use the leave or it may not be approved.
- If the leave requested is to undergo scheduled medical, dental, or optical examination or treatment, whether it's AL or SL, you must provide an acceptable medical certificate that is signed and dated by your medical provider and indicates that you were undergoing examination or treatment and the dates and timeframes of that examination or treatment. You must return that certification to me immediately upon your return to duty. Failure to provide acceptable documentation upon your return to duty may result in AWOL. I will determine if the certificate is acceptable.
- I do not plan to approve LWOP except as necessary by rule or law (for instance under FMLA).

Unscheduled, emergency leave (AL, LWOP and SL)

Unscheduled or emergency leave is leave requested in the event you are unable to report for duty due to medical incapacitation or other unforeseen emergency circumstances.

- If the leave requested is for emergency or unscheduled medical reasons such as illness or incapacitation, you must provide me acceptable documentation in order for it to be approved. You may be asked to bring acceptable documentation for approval of unscheduled leave, such as for household or other personal emergencies.
- You must personally contact me via email at CNganga-good@hrsa.gov or telephone at (301) 443-2251 by 9:30 a.m. for AL or by 10:30 a.m. for SL on the day of the unscheduled or emergency absence to report your absence and request leave, and specify the kind of leave you are requesting (i.e., AL or SL).
- Calls from other persons will not be acceptable and leave will not be approved for calls from other persons-- except in the rare circumstance, when it can be verified, that you are physically incapacitated or otherwise unavailable that it is impossible for you to provide personal notification.
- If I cannot be reached, you are to personally contact my designee, Melissa Moore at MMoore1@hrsa.gov or (301) 945-3332 or Dave Loewenstein at dloewenstein@hrsa.gov or (301) 443-8263.
- In the event that neither I nor my designee can be reached, you are to personally leave a message with your request on my email or voicemail, including leaving a telephone number where you can be reached, so that I may call you as necessary.
- If you are present for duty and request to leave for an unscheduled absence for emergency purposes, you must notify me personally, or my designee in my absence, to receive leave approval before using leave. In the event that neither I nor my designee can be reached, you are to personally contact the next higher leave-approving official in your supervisory chain to request leave and have it approved before leaving work.
- If the leave requested is for unscheduled medical, dental, incapacitation or treatment, whether it's AL or SL, you must provide an acceptable medical certificate that is signed and dated by your medical provider and indicates that you were undergoing examination or treatment and the dates and timeframes of that examination or treatment. You must return that certification to me immediately upon your return to duty. Failure to provide acceptable documentation upon your return to duty may result in AWOL. I will determine if the certificate is acceptable.

- Emergency or unanticipated absences will not be approved if acceptable documentation is not received as requested and will be recorded as (AWOL) pending submission of acceptable evidence of the medical or other non-medical emergency immediately upon your return to duty.
- In order to have AWOL charges for any absence due to medical incapacitation changed to approved leave, you must furnish acceptable (to me) medical documentation from your health care provider for any absence due to incapacitation, regardless of the length of absence. Such documentation must be furnished to me immediately upon your return to duty and must include a statement from your health care provider specifying that because of your medical condition, you were precluded from traveling to and from work, being at work, and/or performing the tasks and duties of your job, or were required, for good medical reason, to undergo medical evaluation or treatment that could not have been scheduled at another time so that you could have requested leave in advance. I will determine if the documentation is acceptable.

AWOL

In the event that you do not comply with the above attendance requirements and leave restrictions, your absences may also be recorded as AWOL. AWOL is not a disciplinary action. However, charges of AWOL and/or failure to comply with the attendance requirements and leave restrictions may form the basis for disciplinary/adverse action, up to and including removal from your position and from the Federal service.

AWS SUSPENSION

Effective immediately and continuing for six months from the date of your receipt of this memorandum you are not permitted to participate in the AWS program and *are placed on a fixed schedule*.

Specifically:

- You must report for work following HRSA's normal business hours of 9:30am through 6:00 pm, Monday through Friday.
- You are not permitted to work a flexible schedule.
- You are not permitted to work a compressed schedule.
- You are not permitted to work/earn credit hours. However, you will be permitted to request to use any previously earned credit time, according to applicable rules for requesting approval to use credit time.

At the end of the six month period, I will evaluate whether you have continued to present time and attendance problems. If you have corrected the attendance problems and satisfactorily demonstrated that you will comply with the AWS requirements, I will reinstate your privileges to participate in the AWS program. If you have not corrected your attendance issues, I will extend the suspension of your AWS privileges.

TELEWORK SUSPENSION

This is notice for temporary suspension of your telework agreement effective seven (7) calendar days from receipt of this notice. As a result of being placed on leave restriction, you are no longer eligible to participate in the telework program (CBA, Article 26, Section 4.D.2). As such, beginning September 28 2022, you must report to your official duty station at 5600 Fishers Lane, during your tour of duty, unless you are on approved leave.

VOLUNTARY LEAVE TRANSFER PROGRAM

If you are interested in applying for the Voluntary Leave Transfer Program, please contact the VLTP Coordinator, at HRS AVLTP@hrsa.gov or 301-945-0035.

You may wish to contact the Employee Assistance Program (EAP). Use of EAP services is voluntary, free, and confidential. The EAP can assist you with a variety of situations. You can contact them on 1-800-222-0364. They are a consultative service that is solution-focused, offering tools and strategies, referrals, and someone to talk it through.

The EAP counselors will not share information with me unless you sign a release of information. Otherwise, the EAP counselors will only confirm that you attended a meeting with them so I can account for your attendance during work hours.

I can approve duty time for you to attend EAP sessions up to an hour for each of six sessions (per issue). Please see me if you would like to request duty time to attend an EAP appointment. If you go to EAP on your own time, you are not required to notify me.

Receipt Acknowledgment

To acknowledge that you have received this notice, please sign and date in the space below. Your signature does not mean that you agree or disagree with this notice and, by signing you will not forfeit any rights to which you are entitled. Your failure to sign will not void the contents of this memorandum.

I acknowledge receipt of this memorandum

Employee refused to sign
Claudia Rausch

Date

From: [Nganga-Good, Carolyn \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Cc: [Moore, Melissa \(HRSA\)](#); [Lee, Kelli \(HRSA\)](#)
Subject: RE: Work Status
Date: Friday, October 21, 2022 8:17:27 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)

Claudia,

Your leave restriction has been in effect since September 21, 2022 and remains in effect. You are expected to comply.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Thursday, October 20, 2022 6:49 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Gaskill, Sheena (HRSA) <SGaskill@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Toledo, Oscar (HRSA) <OToledo@hrsa.gov>
Subject: RE: Work Status
Importance: High

Hi Carolyn,

My apologies for the delay in my reply. I never received a response from you in regards to my October 4, 2022 questions and request for clarification. Specifically, the request for clarification detailed in three separate emails I sent to you on October 4, 2022, with regards to my work status, the leave restriction and telework suspension. ***Viewable in the email trail below for reference.***

As I understand it, **you do not dispute nor challenge any of the facts I cited in support of my position, correct?**

You also do not dispute the fact that federal laws, to include but not limited to, ***5 U.S.C. §6130(a)(1) and The Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625 on “Enhancing Workplace Flexibilities and Work-Life Programs”*** apply to these circumstances in addition to the NTEU Collective Bargaining Agreement you referenced. Is that correct?

Nor do you dispute the fact that the Agency, you, and these circumstances, are subject to the **EEOC Enforcement Guidance on Employer-Provided Leave and the Americans with Disabilities Act, OLC Control No. EEOC-NVTA-2016-1 and EEOC Guidance on Work at Home/Telework as a Reasonable Accommodation, OLC Control No: EEOC-NVTA-2003-1**, correct?

Accordingly, and as described in my October 4th and 5th Notices to you, I consider your Leave Restriction and Telework Suspension to be unlawful, not legally enforceable, thus null and void.

Consequently, I have continued to honor the telework agreement you signed and approved on May 19, 2022. To answer your question your inquiry of my whereabouts and my report for duty, I have reported for duty per the terms described in our original telework agreement that you approved on May 19, 2022. I thought my October 4, 2022 email to you clarified this.

Please consider this communication from me, applicable to any relatable inquiries from you, now or in the future.

Your time and attention to this matter is greatly appreciated.

Best,

Claudia Rausch
Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (BHW)

📞: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Wednesday, October 5, 2022 11:38 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Work Status
Importance: High

Claudia,

The leave restriction was issued properly and you are expected to comply with the requirement to report to your workstation at 5600 Fishers Lane unless you are on approved leave.

In regards to your statement, *"I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th."*

I understand that you are stating that you reported to your approved official worksite at 5600 Fishers Lane on the dates noted. If that was not what you meant, you must let me know by 5pm today as I need to be clear on your whereabouts/work status.

Regarding your inquiries about laws, rules, regulations, and/or Agency policies governing the Leave Restriction Notice - your TW agreement details the eligibility and terms (see attached) and more information can be found on the [NTEU Collective Bargaining Agreement](#).

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, October 5, 2022 9:03 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA)

<DLoewenstein@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Gaskill, Sheena (HRSA) <SGaskill@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>

Subject: RE: Work Status

Importance: High

Hi Carolyn,

My reply to you is attached. For your convenience, it's also copied into the body of this email:

Hi Carolyn,

In reply to your October 4, 2022 email, I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th.

As explained in my October 4, 2022 emailed reply to the instructions from your September 21, 2022 Notice, I do not understand your instructions and requested clarification. Can you please answer my October 4, 2022 questions and provide me with the clarification I am seeking?

To recap, my approved leave usage from this year, is the basis for your September 21, 2022 decision to restrict my leave usage and suspend me from participating in the Agency-wide Alternative Work Schedule and Telework programs. As you are aware through our prior communications, a lot of the leave I've used has been to accommodate my reasonable accommodation ("RA") needs; and/or avoid a hostile work environment and retaliatory harassment. If the Agency would've approved my prior RA request of episodic telework and/or 100% telework which proved to be an effective accommodation, I wouldn't have needed to use leave on days I'm scheduled to go to the Agency building.

You were willing to accommodate my reasonable accommodation needs before. I don't understand why that has changed suddenly and why you have decided to eliminate all the aforementioned work schedule flexibilities that I have used as reasonable accommodations. Nor have you been willing to engage in the interactive process required under the Rehabilitation Act. Accordingly, please advise what I need to do to obtain a reasonable accommodation of 100% telework from the Agency, and/or RA based leave. Please also advise what resolution, assistance or remediation is available to me from the Agency. Also, please advise if the Agency is able to provide any support for my reasonable accommodation needs and the retaliatory harassment I continue to experience.

Notably, your September 22, 2022 restrictions and suspension of leave use, AWS, and telework comes after I made you aware that I feared being near the Agency building due to retaliatory harassment to include, but not limited to, radiation attacks. At the minimum, it is clear that this management decision is intended to further create even more intolerable working

conditions for me; forcing me to exhaust my leave.

Your September 22, 2022 notice and related decisions are clearly based on leave usage that has resulted from the Agency's wrongful actions, and thus, give me no meaningful choice in the matter. This more than suggests that your September 22, 2022 threat of disciplinary action and/or removal from the federal service for failure to comply with the unfair and unlawful restrictions and suspension of leave use, AWS, and telework; is intended to support a constructive removal and/or constructive disciplinary action against me. Based on the facts and evidence I have reviewed, it is clear that my protected activity, to include but not limited to, my EEO-activity and whistleblowing activity, are at the minimum – motivating factors in these personnel actions. Subsequently, amounting to Prohibited Personnel Practices in violation of the Merits Systems Principles pursuant to Title Five of the United States Code.

Considering this alongside other factors, to include the fact that you seem unwilling or unable to respond to my October 4, 2022 questions and request for clarification, **please take notice** of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, **please take notice that I will pursue legal action against you and all accountable parties to the fullest extent allowed by law.**

This is based on facts and evidence I have reviewed, which lead me to reasonably believe that **your instructions and September 22, 2022 restrictions and suspension of leave use, AWS, and telework are unlawful. I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws.** Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination me. I believe I'm being treated differently by you and the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

Any perceived resistance from me in response to the unlawful instructions referenced in above, is at most, an attempt by me to oppose unlawful retaliatory actions by you and the Agency or protect myself from danger and irreparable harm; and not an attempt of misconduct.

-
For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available by the Agency, **I have carbon copied additional Agency management officials in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch

Management Analyst

Policy and Disputes Branch

[National Practitioner Data Bank](#)

HHS | HRSA | Bureau of Health Workforce (**BHW**)

☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Sent: Tuesday, October 4, 2022 2:11 PM

To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>

Subject: RE: Work Status

Importance: High

Hi Claudia,

I received the attached emails from you in response to my message regarding your work status.

I instructed you to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022 via the September 21, 2022 Leave Restriction Memo.

As I understand from your last emails, you did not report for duty as instructed Wednesday Sept 28th and Friday Sept 30th, nor did you report for duty as instructed Monday Oct 3rd and Tues Oct 4th. Your behavior is considered misconduct and will not be tolerated.

You must:

- Confirm whether or not you reported to duty as instructed on 9/28, 9/30, 10/3 and 10/4 **by 5pm today.**
- Immediately comply with the Leave Restriction instructions I issued you on September 21, 2022 – (attached for your review) and report to the office as instructed. You are not approved to telework.

I will address any other necessary questions/matters from your attached email as soon as I am

able to.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Sent: Tuesday, October 4, 2022 11:43 AM

To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>

Subject: RE: Work Status

Importance: High

Hi Carolyn,

I apologize for the delay, I'm just now seeing this email.

I have a few questions regarding your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternative Work Schedule Suspension; and would like some clarification. My questions and concerns are attached.

For your convenience, I have also copied my reply into the body of this email:

I am seeking clarification and have a few questions about your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternate Work Schedule Suspension ("September 21, 2022 Notice" or "Notice"), now that I have had time to read it. Can you please provide clarification? Or can you point me to the appropriate person within The Health Resources and Services

Administration (“HRSA” or “Agency”) that can? I would greatly appreciate it. For convenience, my questions appear in **bold underline** print throughout this document.

My first questions are:

What laws, rules and regulations support the decision to suspend me from the telework agreement and Alternative Work Schedule (“AWS”)? Can you please tell me? Your Notice did not cite any. Equally, **what laws, rules, regulations or Agency policies authorize or allow a federal supervisor to suspend an employee’s telework agreement and alternative work schedule?**

- **More so, considering the surrounding circumstances in my particular situation, such as my previous and current protected activity?** Specifically, my protected-EEO activity, whistleblowing activity, reasonable accommodation (“RA”) needs and prior RA requests, and the harassment I’ve experienced near the Agency building, such as radiation attacks, that caused me to fear for my life – all which you’re aware of. **Or have I mistakenly failed to inform you of any of these surrounding circumstances?** Because the numerous emails between us, in addition to your August 27, 2021 testimony from my EEOC Hearing very clearly evidence that you and the Agency are aware of all of these surrounding circumstances. **Am I mistaken?**

I am not aware of any laws, regulations or policies that support or authorize the decisions in your September 21, 2022 Notice, nor its threats of recording absences as “AWOL” and “disciplinary/adverse action, up to and including removal from [my] position and from the Federal service” for failure to comply. **Or is your September 21, 2022 Notice exempt from the requirement of adhering to federal laws and regulations that govern the supervision and management of Federal Service under Title Five of the United States Code?**

- As I understand applicable law, pursuant to [5 USC §2302\(a\)\(2\)\(A\)](#) and applicable case law, your September 21, 2022 Notice and “leave and AWS restrictions”, as well as the recent decision to suspend me, meet the legal definition of personnel action(s). Subsequently, these actions amount to several prohibited personnel practices (“PPP”) in violation of [5 USC §2302\(b\)\(8\)](#) and [5 USC §2302\(b\)\(9\)\(A\)\(i\), \(b\)\(9\)\(B\), \(B\)\(9\)\(C\), and \(B\)\(9\)\(D\)](#); which forbid reprisal in the form of personnel actions in response to the surrounding circumstances I’ve referenced above, further evidenced by our prior emails and your August 27, 2021 EEOC Hearing testimony. See [Arauz v. DOJ, 89 MSPR 529 \(2001\)](#). This includes the September 21, 2022 Notice threats of AWOL and disciplinary/adverse actions. See [Gergick v. GSA, 43 MSPR 651, 656-57 \(1990\)](#) and [Schnell v. Dept. of Army, 114 MSPR 83, 2010 MSPB 67 \(2010\)](#). Your September 21, 2022 Notice also appears to be strategically provided to me alongside your increased scrutiny of my deadlines, and during the Agency’s EEO investigation into my current EEO complaint, in which you are one of the primary “responsible management officials”. This further leads me to believe your September 21, 2022 Notice is intended to interfere with my ability to adequately respond to the EEO investigation; thus amounting to actionable retaliation.

- **Or are you and the Agency exempt from the Merits Systems Principles that routinely govern the Federal Service? Are you and HRSA exempt from the authority of the Office of Special Counsel (“OSC”) and the Merits Systems Protection Board (“MSPB”)? Please let me know if you believe I am misinterpreting these laws and they are not applicable to you and HRSA.**

-
Even absent the Merits System Principles, many other federal laws, regulations, and policies contradict your September 21, 2022 Notice and Leave/AWS restriction; indicating it is unlawful, not legally binding and unenforceable. However, **please let me know if you believe I am misinterpreting any of the following laws and regulations further explained below.** As of now, I understand your September 21, 2022 Notice to be at the minimum - unlawful, done in retaliation and in violation of whistleblower protection laws, EEOC laws and the Rehabilitation Act. Your September 21, 2022 Notice also appears intended to expose me to irreparable harm, which I understand to not be legally enforceable. I will not risk exposing myself to potential danger or irreparable harm. I don't believe federal law requires federal employees to follow orders that will result in potential danger or irreparable harm to themselves. However, please feel free to educate me. Because your September 21, 2022 Notice did not cite any laws, regulations or specify supportive facts.

Absent clarification from you, I understand the September 21, 2022 Notice and Leave/AWS/Telework restrictions to be unlawful, not legally enforceable, contradicted by applicable federal law, thus, null and void. However, I look forward to any clarification you can provide and any answers you are able to provide to my questions above and below.

As a matter of course, please note that in effort to meet my responsibility to escalate concerns of unlawful retaliation to supervisors in my chain of command and exhaust any remedies provided by the Agency - I have carbon copied additional Agency personnel to include my 2nd, 3rd, 4th, and 5th level supervisors. This email by me, should be considered by all, a report of retaliation and violation of EEO Laws and the NO FEAR ACT.

For our records, my questions, concerns, and request for clarification is further explained and addressed below:

I. RESTRICTION OF LEAVE, AWS AND TELEWORK IS CONTRADICTED BY APPLICABLE FEDERAL LAW AND REGULATIONS

a. Title Five of the United States Code

Your September 21, 2022 Notice makes brief reference to the Collective Bargaining Agreement ("CBA"), Article 26, Section 4.D.2. However, federal law requires that the management of the attendance and leave of the federal service, to include work schedule flexibilities such as "telework" and "alternative work schedule ["AWS"]", ***adhere to federal law in addition to*** the terms of a collective bargaining agreement. See [Title 5 of the United States Code \(U.S.C.\), PART III, Subpart E on Attendance and Leave, CHAPTER 61, SUBCHAPTER II Regarding Flexible and Compressed Work Schedules](#), "*...any flexible or compressed work schedule, and the establishment and termination of any such schedule, shall be subject to the provisions of this subchapter **and** the terms of a collective bargaining agreement...*". See [5 U.S.C. §6130\(a\)\(1\)](#). The subchapter references several Executive Directives, Orders and rules that clarify such "*schedule flexibilities*" include both "*alternative work schedules*" and "*telework*". See [Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625 on "Enhancing Workplace Flexibilities and Work-Life Programs"](#).

Am I misinterpreting this law? Does this federal law and Presidential Directive not apply to

HRSA?

b. OPM, EEOC, and MSPB Regulations and Directives

Pursuant to [5 U.S.C. §1101\(a\)](#), Federal Agencies must adhere to “all executive orders, rules, and regulations affecting the Federal service” unless “modified, terminated, superseded, or repealed by the President, the Office of Personnel Management [“OPM”], the Merit Systems Protection Board [“MSPB”], the Equal Employment Opportunity Commission [“EEOC”], or the Federal Labor Relations Authority [“FLRA”]...”.

Is HRSA exempt from following rules and regulations established by OPM, the MSPB and the EEOC? Please let me know.

II. AGENCY IS AWARE THAT LEAVE, TELEWORK AND AWS RESTRICTION(S) WOULD EXPOSE ME TO POTENTIAL DANGER AND IRREPARABLE HARM

a. Factual Background

You and the Agency, became acutely aware that I have felt a need to avoid being near the Agency building in effort to ensure my safety and potential harm to my life. This is evidenced through my April 25, 2022 emailed reply to your April 19, 2022 Memorandum and my June 1, 2022 emailed reply to your May 23, 2022 attempt to remove evidence on my laptop from my possession. I further explained these matters in my August 22-24, 2022 reply ***(Also labeled August 22, 2022 Reply and attachments...)*** to your July 20, 2022 proposal to suspend me. ***Attached.*** My explanation included photos that evidenced I was being attacked by toxic radiation levels in a location that is only 6 minutes away from the Agency building. You even included the photos in your July 20, 2022 proposal to suspend me and responded to my August 22-24, 2022 reply by suggesting I update my AWS location on my telework agreement.

Am I mistaken? Did you believe that my June 1, 2022 emailed statement of “I do not currently have the luxury of dropping into the HRSA building at a moment's notice without extensive planning and foresight, and without risk to my life” failed to clarify that I feel a need to avoid being near the Agency building to ensure my safety?

Whether or not my beliefs of risk to my safety near the Agency building are credible or provable, your September 21, 2022 Leave and AWS restrictions came only three and a half months afterwards, thus strongly evidence retaliatory intent. At least, as I currently understand applicable MSPB and EEOC guidance and case law.

Or do MSPB and EEOC decisions and directives governing reprisal not apply to you and HRSA? See my April 25, 2022 reply to your April 19, 2022 Notice and June 1, 2022 reply to May 23, 2022 email attached.

As I understand [Presidential Directive under the Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625](#) on “Enhancing Workplace Flexibilities and Work-Life Programs”, “leave policies... related to stalking situations” is one of the “workplace flexibilities” that federal agencies must “ensure... are available to the maximum extent practicable, in accordance with the laws and regulations...”. See [Section 2 \(I\) of June 23, 2014, 79 F.R. 36625 in 5 U.S.C., Part III](#). **Does this**

Presidential Directive not apply to me, HRSA and HHS? Because your September 21, 2022 restriction of leave, AWS and telework not only appears to be retaliatory, but also appears intended to place me in danger and in a frightful situation.

III. LEAVE AND AWS RESTRICTION VIOLATES THE REHABILITATION ACT AND EEOC DIRECTIVES

a. Factual Background

The Agency and you are aware that I have had reasonable accommodation needs beginning late 2019, and/or early to midyear 2020, and that my requests for a reasonable accommodation included, but are not limited to: episodic telework, flexible work schedule and leave. The Agency and you also have record that ‘telework’ was an effective accommodation for me. Historical evidence in the matter which is further described below, establishes that my panic attack symptoms took place primarily at the Agency building and I experienced a remission of these symptoms upon being on 100% telework during the pandemic.

The Agency and you are aware that I experienced a remission of panic attack symptoms during the Agency’s 100% telework policy during the pandemic, and that I surpassed performance expectations while being on 100% telework and using 213 to 259 hours of leave a year from 2020 to 2021. The Agency’s prior attempt to discredit my qualifications for a reasonable accommodation, for the likely purpose of avoiding liability in my harassment case, by utilizing a misrepresented FOH “medical review” were unsuccessful. To date, the Agency and its legal counsel have been unable to provide a legal or factual evidence-based argument to counteract my allegations that the “medical review” was and is misrepresented, not in adherence with applicable law, regulation and industry standards.

To recap the factual events:

1. On or around December 2019, I began experiencing panic attacks. They occurred at the Agency building and on a plane. **See pages 197-198 of August 22-24, 2022 Reply to proposed suspension PDF and ROI for my last EEO complaint.**
2. On or around February 2020, I sent a reasonable accommodation (“RA”) request to the Agency’s RA accommodations office. **See attached August 22-24, 2022 Reply to proposed suspension.**
3. I began experiencing a remission in panic attack symptoms after being on 100% telework due to the pandemic, beginning on or around March 10, 2020. **See doctor’s progress note at page 208 of August 22-24, 2022 Reply to proposed suspension PDF.**
4. On April 24, 2020, the Agency denied my RA request, arguing an unnamed FOH physician’s medical review determined I didn’t qualify. The “medical review” contradicted the progress notes of my psychiatrist and blamed my personality and perceptions. Its conclusions did not consider any medical evidence. It characterized my RA request as “perceived harassment”. **See pages 207-209 and 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
5. The Agency’s denial of the RA did not consider evidence of my performance abilities nor the fact that telework had proven to be an effective accommodation. **See 2019 and 2020 PMAP ratings at pages 19-62 of August 22-24, 2022 Reply to proposal suspension PDF and number 4 above.**
6. An expanded misrepresented “medical review” was introduced during the administrative discovery process. **See pages 204-206 and 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**

7. The responsible physician, FOH, and Agency FOIA office were unable to furnish any medical records upon request. **See attachment titles "2-24-2021 email..." hyperlinked on page 181 of August 22-24, 2022 Reply to proposed suspension PDF.**
8. Upon challenging its legitimacy, the Agency withdrew the physician as a witness for the August 2021 EEOC Hearing. **See attached July 14, 2021 AJ's Memorandum and pages 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
9. The Agency's RA Accessibility Specialist later testified that panic attacks are a medical condition that the Agency is required to accommodate, regardless of how they were caused. **See attached August 27, 2021 EEOC Hearing testimony of Elizabeth Pinkard-Adams.**
10. On July 20, 2020, my first-level supervisor, Carolyn Nganga-Good, learned I had reasonable accommodation needs that had previously been wrongly denied. **See attached July 20, 2020 email titled "7-20-2020 Midyear PMAP Discussion..." between Claudia Rausch and Carolyn Nganga-Good.**
11. The same day, Ms. Nganga-Good agreed in writing to *"accommodate and be flexible with any accommodation requests that are within reason as long as work deliverables are not negatively impacted"*. **See attached July 20, 2020 email titled "7-20-2020 Midyear PMAP Discussion..." between Claudia Rausch and Carolyn Nganga-Good.**
12. Ms. Nganga-Good later became aware the reasonable accommodation needs were partially due to panic attacks, PTSD symptoms and medication side effects on October 28, 2020 and December 26, 2020. **See highlights on attached December 26, 2020 email titled "12-26-2020 email to CNG re: dispute cases" between Claudia Rausch and Carolyn Nganga-Good.**
13. On April 27, 2021 and August 24, 2022, Ms. Nganga-Good became aware that the reasonable accommodations I was in need of, and had previously requested included RA based leave, telework, and schedule flexibilities such as late arrivals. **See April 27, 2021 email on pages 180-195 of August 22-24, 2022 reply to proposed suspension, and hyperlinked attachments on page 181 of August 22-24, 2022 reply to proposed suspension.**
14. During most of 2020 and all of 2021, the Agency was on 100% telework due to the pandemic. As my PMAP rating official, Ms. Nganga-Good rated my performance as "Achieved More Than Expected Results". **See attached 2021 PMAP rating and 2020 PMAP on pages 19-44 of August 22-24, 2022 reply to proposed suspension.**
15. On August 27, 2021, Ms. Nganga-Good testified during the EEOC Hearing:
 - a. *"There's usually flexibility" in managing deadlines for disputes resolution cases and described the goal deadlines as "general metrics" that "sometimes - -- goes beyond, you know, six months"*. **See attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
 - b. She was aware of and recalls that I brought up a *"medical condition"* and a *"reasonable accommodation request"*. **See attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
16. On August 24, 2022, Ms. Nganga-Good became aware that telework was an effective accommodation for my panic attack symptoms, through the reply I provided to the July 20, 2022 proposed suspension memorandum. **See doctor's March 20, 2020 note of "remission in symptoms of panic attacks ever since she has been working from home after the coronavirus outbreak" on page 202 of PDF attached to August 24, 2022 email "8-22-2022 Reply and attachments SIGNED".**

b. Rehabilitation Act and Applicable EEOC Law and Regulations

As I understand the Equal Employment Opportunity Commission ("EEOC")'s Directives, subjecting an employee with RA needs to different leave procedures, violates the ADA and

Rehabilitation Act. See EEOC Enforcement Guidance on Employer-Provided Leave and the Americans with Disabilities Act, OLC Control No. EEOC-NVTA-2016-1. Additionally, the EEOC requires an employer to consider providing unpaid leave so long as it does not create undue hardship for the employer. This applies even when an employee is not “eligible for leave” under employer leave policies or when an employee has exhausted leave benefits. According to the EEOC, an employer cannot legally enforce maximum leave policies or limitations on unplanned absences, on an employee who needs to use RA based leave - unless the employer can prove it would result in undue hardship.

Or does the referenced EEOC Guidance above, on Employer-Provided Leave and the Americans with Disabilities Act not apply to HRSA and your September 21, 2022 Notice?

The EEOC also requires employers who offer telework to allow employees with a disability an equal opportunity to use telework as well as waive eligibility requirements for telework to accommodate disabilities. See EEOC Guidance on Work at Home/Telework as a Reasonable Accommodation, OLC Control No: EEOC-NVTA-2003-1. According to the EEOC, “An employer may not withdraw a telework agreement or modified schedule” that is used as a reasonable accommodation because of unsatisfactory performance. I have in fact been using telework and my AWS as a reasonable accommodation. As I understand EEOC Enforcement Guidance, the Agency’s prior decisions on my RA requests have no bearing on the fact that I have used these workplace flexibilities as a reasonable accommodation and that I am entitled to use reasonable accommodations under the Rehabilitation Act. Per the EEOC, an employer who failed to grant a reasonable accommodation that did not constitute undue hardship, may not discipline an employee who has performance issues that resulted from the lack of an accommodation. See the EEOC’s September 3, 2008 Guidance on Applying Performance and Conduct Standards to Employees with Disabilities. This year, you have attempted to reduce all workplace flexibilities that I’ve used as reasonable accommodations. Accordingly, I don’t see how any alleged performance issues this year, if any, are not related to either reprisal or an unlawful removal of a reasonable accommodation I’m entitled to use under federal law.

Or does the EEOC’s position referenced above on applying performance and conduct standards to employees with disabilities, not apply to HRSA?

In your September 21, 2022 Notice, you make reference to previously issued memorandums by you dated April 19, 2022 and May 23, 2022, where you assert that “*In the event [you] believe [I] may be requesting leave inappropriately, [you] may request acceptable documentation before [you] approve leave*”. However, you have not once insisted on receiving additional documentation before approving leave after your April 19, 2022 and May 23, 2022 notices. This indicated to me that the documentation you have which is summarized in the factual background above, concerning my reasonable accommodation needs is sufficient. Furthermore, I don’t believe EEOC’s Enforcement Guidance even allows an employer to request additional medical documentation, after they have already been provided with initial documentation in support of a reasonable accommodation. But please, feel free to correct me if I’m wrong.

In conclusion, I’m inclined to believe that your September 21, 2022 Notice is a deliberate

attempt to retaliate by interfering with my rights to a reasonable accommodation under the Rehabilitation Act. Your September 21, 2022 Notice also asserts that you do not plan to approve Leave Without Pay (“LWOP”) except as necessary by rule of law. However, the Agency’s reasonable accommodation accessibility specialist testified during the August 27, 2021 EEOC Hearing that the Agency approves LWOP all the time for employees who have little to no leave and need reasonable accommodations. ***See Ms. Pinkard-Adams’ testimony attached.*** Subsequently, I believe this further evidences the retaliatory intent of your September 21, 2022 Notice.

IV. ABSENT RETALIATION, LEAVE RESTRICTIONS AND SUSPENSIONS OF AWS/TELEWORK STILL LACKS LEGAL AUTHORITY.

PER FEDERAL LAW, EXCLUSION OF SCHEDULE FLEXIBILITIES MUST BE DUE TO DISRUPTION OF AGENCY FUNCTIONS OR ADVERSE AGENCY IMPACT

As I understand applicable law, even if the above facts and laws do not deem the September 21, 2022 Notice to constitute unlawful retaliation, the Notice’s restrictions still remain unsupported by laws governing the federal service.

According to federal law pursuant to Title Five of the United States Code, an Agency may only (1) “restrict the employees’ choice of arrival and departure time” and/or (3) “exclude from such program **any employee** or group of employees” if the agency is “is being substantially disrupted in carrying out its functions or is incurring additional costs because of such participation.” See [5 U.S.C. §6122 \(b\)](#). This is also emphasized under [5 U.S.C. §6131 \(a\)\(2\)](#), which provides that the only time an Agency may determine not to continue a “particular flexible or compressed schedule” is if and when the “head of the agency” finds that such a schedule would have “adverse agency impact” such as (b) (1) “a reduction of the productivity of the agency; (2) a diminished level of services furnished to the public by the agency; or (3) an increase in the cost of agency operations.” See [5 U.S.C. §6131 a –b](#).

Do these federal laws not apply to HRSA and your September 21, 2022 Notice? Because nowhere in your notice, did you reference or specify ways that my leave usage has disrupted the Agency’s functions, resulted in increased costs or an adverse agency impact. The Notice briefly asserted that my “frequent pattern of unscheduled absences have resulted in a negative impact for the team” but did not specify any incidents in which the team was affected or how the team was negatively affected. **Can you please clarify and specify when and how the team has been negatively impacted by my absences? And how it amounted to substantial disruption on Agency functions and an adverse agency impact? What factual evidence supports these allegations? Does HRSA not have to support its personnel actions with factual evidence?**

V. PER FEDERAL REGULATIONS, LIMITATIONS ON SICK LEAVE USAGE ONLY APPLY TO FAMILY CARE AND BEREAVEMENT

Your September 21, 2022 Notice attempts to use “low leave balances” to justify a leave restriction. However, these are no applicable laws, regulation, or policies that require federal employees to maintain a minimum leave balance. **Are there?** OPM federal regulations under [5 C.F.R. § 630.401 b-d](#) only place limitations on the maximum amount of hours of sick leave that can be used annually, on matters related to providing care for a family member or planning funeral arrangements. _

Do OPM regulation not apply to HRSA?

VI. JUSTIFICATION OF EXCESSIVE LEAVE USAGE AND POTENTIAL IMPACT TO AGENCY IS UNSUPPORTED BY FACTS AND HISTORICAL DATA

Your September 21, 2022 notice attempts to support nonfactual allegations and assert that “...in 2022, [I] have used unanticipated leave with little to no notice in almost every pay period”. However, my leave usage pattern is no different or poorer than prior years, all which resulted in “Achieved More Than Expected Results”. ITAS records evidence that I have only used unanticipated leave in 10 out of 20 pay periods in year 2022. **See attached ITAS Administrative Leave records for Years 2015-2022.** In fact, I used more unanticipated leave during the first 8 months of last year (98.25 sick leave hours by August 28, 2021), than I have this year (87.25 SL hours by Sept. 10, 2022), and I still surpassed performance expectations in the year 2021. **See attached ITAS Administrative Leave Record for Year 2021 and 2021 PMAP End of Year Appraisal Score of 3.80, Level 4 of “Achieved More Than Expected Results”.** As my 2021 supervisor and rating official, you even rated me at a Level 4 for Critical Element II, BHW Collaboration which pertains to “teamwork”. You gave me this rating in 2021 all while I was on 100% telework and used more unanticipated leave in 2021 than this year in 2022.

In fact, ITAS and PMAP records for all prior years, 2015 to 2021, evidence that I’ve routinely used an equal amount of unanticipated leave each year at HRSA, sometimes more, while still surpassing performance expectations each year. See **attached 2021 PMAP rating and PMAP ratings for years 2016-2020 at pages 19-107 of August 22-24, 2022 Reply to proposed suspension.** Accordingly, I don’t understand how one could reasonably conclude that my unanticipated absences this year would negatively impact the team, disrupt Agency functions, or have an adverse impact on the Agency. **Can you please tell me? Can you please tell me what has changed from last year to this year?** Because the only thing I’m aware of, that has changed in our employee-supervisor relationship from last year to this year is that I now have a new EEO complaint pending against you and the Agency, with 35 plus claims on it, nine which identify you as the responsible management official. That and my whistleblowing activity of fraud, electronic surveillance and interference with my previous EEO activity; all which you’ve been made aware of through previous emails as cited above.

Or am I mistaken? Has something else changed in our employee-supervisor relationship from last year to this year? That has enticed you to take so many personnel actions against me?

VII. THERE ARE NO LAWS, REGULATION, OR POLICIES THAT FORBID THE USE OF LEAVE ON SCHEDULED IN-OFFICE DAYS. NOR WERE ANY SUCH REQUIREMENTS COMMUNICATED

Your September 21, 2022 Notice goes on to assert that you are concerned with the timing of my leave requests as they often coincide with days I’m required to report into the office. As explained above, I have used leave as a reasonable accommodation and to avoid potential danger and irreparable harm. There are no laws, regulations, rules, Agency policies, Division policies, or requirements that say we cannot request leave on a scheduled in-office day. **Are there? And if so, why was this not communicated at the start of establishing our telework agreements?** In fact, you approved my in-office days of the first Monday of the pay period and the last Friday of the pay period – days in which hardly anyone is in the office. These are also days that Federal Holidays

routinely land on. **If this was an issue, why weren't employees kept from requesting Monday as an in-office day, when federal holidays routinely land on Mondays?** Accordingly, I don't understand how absences on these days negatively impacts any Agency operations or "team" activity, since hardly anyone is in on these days.

I look forward to any clarification you can provide.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (**BHW**)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, October 3, 2022 3:20 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Work Status
Importance: High

Hi Claudia,

I am following up on your work status and whereabouts as you have not been seen on site at the Parklawn Building on 9/28, 9/30, and today, 10/3 and I have not received any leave requests from you. You were instructed that you have to be onsite starting Wednesday 9/28/2022 per the Leave Restriction Notice that you were issued on 9/21/2022 and the subsequent follow-up emails. Please advise no later than **COB today** about your work status for today and your whereabouts.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov

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From: [Nganga-Good, Carolyn \(HRSA\)](#)
To: [Rausch, Claudia \(HRSA\)](#)
Cc: [HRSA Reasonable Accommodation](#)
Subject: Follow Up
Date: Monday, October 17, 2022 4:40:00 PM
Attachments: [image001.jpg](#)
[image002.jpg](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)

Hi Claudia,

As notified and instructed on September 21, 2022 via the Leave Restriction Memo and thereafter in multiple communications, you were to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022. To date, you have failed to follow these instructions and you have not confirmed your whereabouts. You are expected to comply with the leave restriction instructions you were provided.

In addition, you have been instructed to return you old HRSA laptop to OIT on multiple occasions in the last couple of months. To date you have not complied with these instructions. You are required to comply with all the Agency policies and to follow instructions to return your old HRSA laptop with immediate effect.

Lastly, as a reminder, the decision letter for DCN# 2184 case was due last month, 9/24 and for DCN# 8659 it is due no later than this Friday, Oct 21, 2022. Per our 1:1 meeting on Oct 5th you proposed to complete both letters by this week. As of today per Tracker, you have not submitted any drafts to your peer reviewer nor have I heard from you otherwise. You are expected to complete both cases and submit them to your peer reviewer no later than this Friday, October 21st and submit for my review and finalization shortly thereafter, in order to close these cases as soon as possible.

If there is a change or adjustment in the work environment you believe would enable you to perform the essential functions of your full-time position you may contact the Reasonable Accommodation office for further information on the process for filing a reasonable accommodation request. You may contact Reasonable Accommodation at RA-Request@hrsa.gov. If you do submit a request under Reasonable Accommodation, please keep me as your supervisor updated on the status of such request(s) made. I have included the RA office on this email as appropriate.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank

Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Physical Security <PhysicalSecurity@hhs.gov>
Sent: Tuesday, October 18, 2022 3:15 PM
To: Abramowitz, Robert (HRSA) <RAbramowitz@hrsa.gov>; Marceron, Malissa (HRSA) <MMarceron@hrsa.gov>
Cc: HHS Physical Security <physicalsecurity@hhs.gov>
Subject: RE: card swipe report

Good Afternoon,

Please see screenshot below of the discovery from the ESS Team.

Subject: RE: RE: card swipe report

All,

No access by this cardholder during that time frame:

OnGuard 7.3 Enterprise

Access Denial, Granted and Other Badge Events, by

QUERY: START DATE: 9/28/2022 12:00:00 AM; END DATE: 10/6/2022 11:59:59 PM; Last N
First Name: claudia

Report Date: 10/18/2022 2:33:49PM Eastern D:

Date/Time

Event

Details Cardholder Name

Please let me know if I can be of any additional assistance.

V/r,

Franklin D. Ardiente
Physical Security Specialist

Access Denial, Granted and Other Badge Events, by Reader

QUERY: START DATE: 10/7/2022 12:00:00 AM; END DATE: 11/28/2022 11:59:59 PM; Badge
75000000834067

Report Date 11/28/2022 12 59 31PM Eastern Standard Time

PKLN: Main Lobby Lane-4-2 In

<u>Date/Time</u>	<u>Event</u>	<u>Details</u>	<u>Cardholder Name</u>
10/24/2022			
1:04:50PM	Access Granted	75000000834067	RAUSCH, CLAUDIA
10/21/2022			
1:34:30PM	Access Granted	75000000834067	RAUSCH, CLAUDIA

2 Events on reader PKLN: Main Lobby Lane-4-2 In

Total Events: 2

Charge 2:
Failure to
Follow Policy

ARTICLE 26

TELEWORK

SECTION 1

Telework is a program that permits employees to work at home or at other approved locations remote to the conventional office site. For purposes of this Agreement, the terms telework, teleworking, “Flexible Workplace Arrangements Program” or “FWAP”, “flexiplace” and “telecommuting” are synonymous and include working at home or in satellite office sites or other approved alternative work sites.

SECTION 2

The Parties anticipate that this program will result in increased productivity, improvements in employee morale, job satisfaction, and reduced absenteeism. Participation in telework is not an entitlement nor is it an accommodation for dependent/family care. The Employer will identify barriers to implementing telework and take action to increase the opportunities for employees in suitable positions to participate in the program.

SECTION 3

Situations appropriate for telework depend on the specific nature and content of the job, rather than just the job series and title.

- A. Telework arrangements may be used when there is recurring opportunity to perform work at an alternate site. This type of arrangement is regular and recurring. For example, the work does not require face-to-face interaction and collaboration with customers or peers on a daily basis, it does not require specialized equipment, systems, or reference materials unavailable except at the conventional office, and the employee’s work habits are such that once an assignment is given, it can be accomplished without further oversight or supervisory consultation.
- B. Telework arrangements may also be used on an occasional or episodic basis, for individual days or hours within a pay period, or for a special assignment or project on a short term basis (as determined by the Employer). For example, such work tasks may include: data analysis, reviewing grants/cases, writing decisions or reports; telephone intensive tasks such as obtaining or collecting information, following up on participants in a study or setting up a conference; and some computer oriented tasks such as programming, data entry and word processing. Typically, such tasks require uninterrupted concentration and result in measurable work outputs or products.
- C. Telework arrangements may be appropriate to accommodate an employee with a

temporary or permanent illness or disability, if the job can be accomplished at an alternate site, and the employee is capable of performing the job at home or at a telecommuting center but cannot commute to and/or from work on a daily basis. Such requests should be handled in accordance with this Article and Article 38.

SECTION 4

- A. Telework arrangements must be consistent with maintaining adequate office coverage. Adequate office coverage varies from location to location and is not necessarily a specific percentage of employees. It is determined by the specific needs of a location.
- B. The Parties agree that specific individual participation in telework must be considered on a case by case basis. The decision will not be made in an arbitrary and capricious manner. The Employer will administer the telework program in a fair and equitable manner.
- C. Pursuant to the Telework Enhancement Act (Appendix 3.1) employees that have been officially disciplined for being absent without permission for more than 5 days in any calendar year or for viewing, downloading, or exchanging pornography, including child pornography, on a Federal Government computer or while performing official Federal Government duties may not participate in the telework program.
- D. Each employee must meet the following criteria to be considered eligible to participate in the telework program.
 - 1. The employee's latest rating of record is "fully successful" or better, and there is no reasonable cause to believe this level of performance will drop;
 - 2. The employee is not on leave restriction;
 - 3. The employee is not on a performance improvement plan (PIP);
 - 4. The employee has not received any disciplinary or adverse action which has a nexus to the integrity of the telework program within the last six (6) months;
 - 5. The employee has demonstrated the ability to initiate his/her own work, to work without direct supervisory oversight, to recognize when supervisory or other assistance is needed on a project;
 - 6. The employee has received telework training or has been teleworking since December 10, 2010;
 - 7. For employee applying for telework for the first time in an OPDIV/STAFFDIV, the employee has held her/his current position for at least three (3) months, unless otherwise agreed to by the supervisor; and
 - 8. The employee's fully successful performance of the work does not require:

- a) Daily and frequent use of specialized equipment or technology that is available only at the official duty station;
 - b) Daily and frequent face to face contacts with co-workers, managers and/or customers (except where such contact can be otherwise accommodated);
 - c) Daily and frequent access to confidential or sensitive data and/or information (not attainable from home) such as personnel and/or payroll records or proprietary information protected from unauthorized disclosure by the Privacy Act of 1974 and its implementing regulations;
- E. Teleworking employees must use HHS approved technologies and methods to access all HHS networks and systems. When employees have been provided with government furnished equipment for use at the alternate duty station, they will be required to use that equipment while teleworking. If there are insufficient funds, employees participating in the telework program and using their primary personal residence (or any other approved site not fully-equipped with these items) may be required to provide at their own cost all equipment, supplies, and/or services necessary for working at the alternate duty station. The Employer may provide underutilized computers, furniture, or equipment for use by employees.
- F. The Employer intends to implement an electronic system to maintain telework data. The union will be provided notice and an opportunity to bargain changes to conditions of employment resulting from the new system to the extent required by law and Article 3 of this Agreement. Upon implementation of the electronic system, employees' requests to telework shall be submitted to their supervisor electronically. Employees shall continue to request telework according to the established procedures of their offices until the electronic system is implemented. The Employer shall act on requests telework within ten (10) workdays of receiving the request. If the request is disapproved or modified, the employee will be notified in writing stating the reasons for the disapproval. Approval of an employee's request to telework must come in the form of a written telework agreement (Appendix 3.2) between the employee and supervisor, regardless of whether telework is routine (i.e., regularly scheduled and recurring), or episodic. Employees currently teleworking at that the time of this agreement must enter into a new written telework agreement that updates the terms of their agreement within thirty (30) calendar days.

SECTION 5

- A. In some circumstances, the need to maintain adequate staffing levels in the traditional office worksite for such purposes as telephone coverage that cannot be accommodated on telework or immediate face-to-face customer service may result in conflicts among telework participants regarding scheduling of days to be worked on a telework arrangement. If such conflicts occur, the supervisor(s) and the affected employees will

attempt to resolve the conflict in a manner which is satisfactory to the supervisor(s) and affected employees. If such discussions do not result in a satisfactory resolution, the following tiebreaker formula will apply.

- B. The telework preferences of employee(s) that are already participating in the program shall take precedence over the preferences of new applicants. If the conflict is between employees who are already participating, or between two or more new applicants, the tiebreaker shall be by seniority (high seniority). Seniority shall be determined by employees' federal Service Computation Dates (SCDs).

SECTION 6

- A. Participation in the telework program is voluntary. However, the Employer may require employees to work at an alternate site in case of emergency situations. For example, telework-ready employees (i.e. employees with a signed telework agreement) are required to work at their approved alternate duty station during emergencies (e.g., Federal offices are closed, Federal offices are on delayed arrival, the Agency is operating under a Continuity of Operations Plan, etc.). On a case-by-case basis, a telework-ready employee may request and the Employer may provide excused absence for a part or all of the day during an emergency and/or inclement weather situations if the employees telework site is negatively impacted by the emergency (e.g., disruption of electricity or internet access, loss of heat, etc.) or if the employee's duties are such that he or she cannot continue to work without contact with the regular worksite, or under other extenuating circumstances related to the emergency that impede the employees ability to perform telework. If excused absence is not granted, telework-ready employees must be prepared to telework for the entire workday, or take unscheduled leave, or a combination of both for the entire workday. Employees may also request LWOP if an employee does not have available paid leave or other paid time off (e.g., earned compensatory time off) to his or her credit and is impacted by the emergency.
- B. Participants in the telework program shall be permitted as part of a telework arrangement to continue to work any AWS schedule they may already be working. Employees who work approved flexible work schedules and vary their start times are required to inform their supervisors, prior to commencement of their tours of duty, of their start and end times for those days they work at an alternate site pursuant to this article.
- C. The official duty station of an employee participating in the telework program is the conventional work site for purposes of travel reimbursement, etc.
- D. Employees on a regular and recurring telework arrangement are required to report to the official duty station according to the schedule determined by the Employer. In addition, the Employer reserves the right to require more frequent days at the conventional work site for situations deemed appropriate by the supervisor either planned or unplanned, due to special circumstances, including, but not limited to, office assignments, meetings,

absence of other employees, emergency situations, or training classes. Any regular AWS off days shall not be counted against telework days. Employees may attend these unplanned meetings via telephone unless physical presence is required.

- E. The Employer will make reasonable efforts to provide alternative methods, such as teleconferencing, use of fax and e-mail, and/or other methods to avoid unplanned situations requiring the employee to report to the conventional work site. However, when situations occur that require the employee to return to the conventional office, travel to and from the office is normal commuting time and as such is not considered hours of duty.
- F. As a minimum level of accessibility, the employees in the program are expected to be as available to managers, co-workers and customers by telephone, E-mail, voice mail or other communications media during their scheduled daily tours of duty as when working at the official duty station.
- G. Overtime and credit hours worked must be approved in advance by an authorized official. For employees on flexible schedules, work that is ordered and approved in advance which is in excess of eight (8) hours per day, forty (40) hours per week, or eighty (80) hours per pay period, is considered overtime work. For employees on compressed schedules, work that is ordered and approved in advance which is in excess of the number of hours worked daily on the compressed schedule is considered overtime work. Compensatory time may be substituted for overtime pay in accordance with law, regulation, and Article 22, Overtime, Compensatory Time, and Holidays, of this Agreement. Nothing in this Article diminishes an employee's FLSA rights as provided for by law and regulation.
- H. Policies and practices for requesting and using leave remain unchanged, except as provided in the applicable articles of this Agreement.
- I. For purposes of timekeeping, participants will sign a certification each pay period indicating hours worked or any exceptions to the scheduled tours of duty specified in their telework agreements. Falsifying time reports is cause to terminate participation in the telework program and could be grounds for other adverse or disciplinary action.
- J. The Employer has the right to be provided with reasonable assurance that employees are working at alternate sites when scheduled.
- K. An employee may switch his/her scheduled telework day(s) with prior supervisory approval. If an employee's request is denied, the reason(s) for the denial shall be provided to the employee in writing if requested. Managers shall not unreasonably or arbitrarily deny an employee's request.

SECTION 7

- A. A telework arrangement may not be feasible where there is a prohibitive cost to duplicate the same level of confidentiality or security as exists in the employee's official duty station.
- B. Telework home sites must have adequate workspace, lighting, residential telephone service, power, smoke alarms and adequate security.
- C. The Employer has the right to inspect the home work site at any time to ensure its suitability. The Employer will provide not less than one (1) workday's notice in advance of the inspection and the Union shall have a right to be present.
- D. Employees must comply with all security measures and disclosure provisions, including password protection and data encryption so that the Privacy Act or other security standards are not compromised.
- E. Employees must protect all government records and data against unauthorized disclosure, access, mutilation, obliteration and destruction.
- F. Employees must ensure that government provided equipment and property is used only for authorized purposes. Reasonable care should be used in operating all equipment. The servicing and maintenance of government owned equipment is the responsibility of the Employer.

SECTION 8

- A. The Employer may terminate, temporarily terminate or modify an employee's participation in the program for cause, such as:
 - 1. Failure to continue to meet the criteria listed in Section 4 above;
 - 2. Failure to adhere to the provisions of the Agreement and/or of this Article;
 - 3. Failure to accurately and truthfully report time worked;
 - 4. Organizational exigencies that impact on the mission of the Employer, and require the employee to perform work at the official duty station;
 - 5. For misconduct in connection with the employee's obligations under the flexible work place program; and
- Upon temporarily suspending or modifying an employee's telework agreement/plan, the supervisor will notify the employee at least seven (7) days in advance of the change.
- C. If a telework agreement is cancelled or terminated, within the first sixty (60) days of the

employee's return to the traditional workplace the Employer will make reasonable efforts to return the employee to the same or a comparable work situation that he/she had prior to beginning the telework arrangement. After sixty (60) days, the Employer will restore the employee to the same or comparable work situation of other similarly situated employees.

SECTION 9

- A. Employees participating in the telework program will not be excused from work because workers at the official duty station are dismissed or not required to work due to an emergency if the emergency does not impact the work being performed at the alternative work site. If an emergency occurs at the telework work site that impacts on the employee's ability to perform official duties, the employee will immediately notify the Employer. The Employer will direct the employee to another work site, grant excused absence, or allow the employee to request appropriate leave, e.g., annual leave or LWOP.
- B. The Employer will not be responsible for operating costs, home maintenance, or any other incidental costs (e.g., utilities) associated with the use of the telework work site. The employee does not relinquish any entitlement to reimbursement for appropriately authorized expenses incurred while conducting business for the Employer as provided for by law and regulations.
- C. The employee is covered under the Federal Employees Compensation Act if injured in the course of performing official duties at the alternative work site.
- D. The Employer will not be held liable for damages to the employee's personal or real property during the performance of official duties or while using Employer equipment in the alternative work site, except to the extent the Employer is held liable under the Federal Tort Claims Act claims or claims arising under the Military Personnel and Civilian Employees Claim Act.
- E. Telework arrangements (agreements) are between the employee and their current supervisor. When employees are detailed or permanently assigned to another organizational unit of the Employer and under another supervisor, the employee and supervisor will need to discuss the continuation and/or necessary modifications to the existing telework agreement.

SECTION 10

The Employer will provide the Union with copies of any reports on telework usage provided to OPM. If not provided in the report to OPM, the Employer will also provide the Union with the following information, broken down by OpDiv; (1) the number of employees eligible to participate in the telework program; and (2) the number of employees participating in the telework program (including name, location, series, grade, and the type of telework arrangement).

Lee, Kelli (HRSA)

From: Moore, Melissa (HRSA)
Sent: Wednesday, July 13, 2022 3:17 PM
To: Anozie, Emily (HRSA); Barron, Chardae (HRSA); Cain, Brutrinia (HRSA); Carothers, Ashley (HRSA); Hudgins, Hamilton (HRSA); Kamara, Valerie (HRSA); Lockett-Amaechi, Lorraine (HRSA); Richards, Nettie (HRSA); West, William (HRSA); Brodsky, Jason (HRSA); Gaskill, Sheena (HRSA); Hua, Jiaying (HRSA); Kirby, David (HRSA); Loewenstein, David (HRSA); Moore, Melissa (HRSA); Moran, Michael (HRSA); Singh, Harnam (HRSA); Bennett, Jovonnie (HRSA); Golden, Alan (HRSA); Horowitz, David (HRSA); Illich, Donald (HRSA); Jordan, Andy (HRSA); Lotterer, Paul (HRSA); Nganga-Good, Carolyn (HRSA); Rausch, Claudia (HRSA); Stanzione, Adam (HRSA); Timothy, Anastasia (HRSA)
Subject: DPDB Time & Attendance Guidelines

Good afternoon DPDB Team -

Whether you joined NPDB one, two or more years ago, returning to the workplace is a great time for all of us to review our general guidelines for onsite or at an alternate duty station. The guidelines below follow our longstanding practice of issuing periodic updates. The items **in red** below reflect notable edits to the previously sent guidelines.

Please connect with your supervisor if you have any questions or concerns.

- **Flexible Work Schedule Arrival Band: 6 – 9:30 AM**

This is the time band during which an employee must start their workday, unless otherwise approved by the supervisor, **or addressed in a Reasonable Accommodation**.

- **Flexible Work Schedule Departure Band: 3 – 7 PM (Monday – Thursday) and 2:30 – 7:00 PM (Friday)**

This is the time band during which an employee must complete their workday unless the employee is scheduled to work less than 8 hours as part of their approved AWS schedule.

- **Core Hours: 9:30 AM – 3 PM (Monday – Thursday) and 9:30 AM – 2:30 PM (Friday)**

The time periods during the workday, work week or pay period that are within the tour of duty during which an employee is required by the Agency to be present for work. Core hours do not apply on an employee's regular day(s) off under an approved Flexible Work Schedule or Compressed Work Schedule, or for workdays fewer than eight (8) hours in duration as part of a flexible or compressed schedule.

- **Lunch Band: 11 AM – 2 PM**

- This is the time during which employees must take their 30 minute lunch break.
- Employees may not "save" any part of the lunch period to leave early or to extend subsequent lunch periods.
- Employees may extend this period within the lunch time band, provided:
 - They receive prior supervisory approval, and
 - The additional time taken for lunch is worked at the beginning or end of the same workday, **or is covered by leave**.

- **Tour of Duty**

- Each employee's work schedule must be approved by their supervisor and specified in ITAS (for Civilians), or in the Commissioned Corps leave system (for Commissioned Officers).
- Any adjustments to an employee's tour of duty must be requested and approved by their supervisor prior to the change, and entered into ITAS or the Commissioned Corps leave system.

- Employees must appropriately request leave and receive approval prior to use. See the appropriate Collective Bargaining Agreement (CBA) or policy for full details (links below).
 - Employees must request unanticipated sick leave as soon as the need is known, but no later than **1 (one) hour** past the start of their tour of duty noted in ITAS.
 - Employees must request unanticipated annual leave as soon as the need is known, but no later than the start of their tour of duty noted in ITAS.
 - Requests for leave must be done via phone, voicemail, email, or text message, and must include all of the necessary/relevant information for management consideration.
 - Employees must adhere to their approved tour of duty both while in the office and while working from an alternate duty station (ADS), unless otherwise arranged and approved by the supervisor.
 - Arrivals and departures outside of an employee's tour of duty should be covered by approved leave, when appropriate.
- **Telework**
 - Use of **MS Teams** is required both in the office and while working from an ADS. Employees must log into **MS Teams** each day, **and remain logged in throughout the day.**
 - Employees must review their telework agreement with their supervisor **annually**, including a date and initials on the telework agreement. This is typically done during mid-year or year-end PMAP reviews.
 - **Telework agreements indicate the employee's approved ADS. Any request to work at a location other than what is indicated on the Telework Agreement must be first approved by the employee's supervisor. Employees must also complete and obtain supervisory approval on a Telework Safety and Security Checklist for any alternate telework location(s). Once approval is obtained, the employee must submit an ad hoc telework request in ITAS and list "approved location" from the telework location dropdown.**
 - **Employees should work with the Division Timekeeper to update ITAS if they elect to work onsite on a day they would normally be working remotely.**
 - **An ad hoc telework request must be submitted in ITAS for any onsite day the employee requests to work remotely.**
 - **In the event of inclement weather, please follow agency guidelines.**

When an employee is out of the office for one or more days (for training, on leave, etc.), they must set their out of office message to include the following:

- The date(s) the employee is unavailable,
- The date the employee expects to return to the office, and
- The name and contact information for the employee's backup while they are out of the office

Additional detailed requirements are specified in the following links:

- HRSA [CBA SharePoint](#) page includes links to the CBA **for bargaining unit employees.**
- [HRSA Leave Options and Alternative Work Schedules \(AWS\)](#) for Non-bargaining Unit Employees
- Commissioned Corps Officers must follow USPHS processes and procedures when requesting leave

Melissa B. Moore, MSW, MBA

Deputy Director, Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
(301) 945-3332



U.S. Department of Health and Human Services

Telework Agreement

This Telework Agreement between Matthew Wiley (Supervisor/OPDIV) and Claudia Rausch (Employee) describes the terms and conditions of participation in the Telework Program. Employee participation is voluntary, and employee will adhere to the applicable guidelines and policies.

- ☒ Employee has successfully completed telework training or is exempted by the head of the agency, as provided in the Telework Enhancement Act of 2010 (the Act).
- ☒ Employee has completed annual information technology security training and privacy awareness training, administered at the agency level, and understands his/her responsibilities in safeguarding work-related information.
- ☒ Employee has a valid virtual private network (VPN) account.

The employee's government-furnished workstation ID (e.g., HHS123456) is:
HHS 84789

Type of Telework Arrangement Approved (check all that apply)

- ☒ Regular, recurring telework*
- ☐ Situational/ad-hoc/episodic telework**
- ☐ Medical arrangement to accommodate an employee with a temporary or permanent illness or disability

*Participation in Regular telework also includes an employee's compliance with Episodic telework requirements for emergencies.

**Episodic telework: Approval enables the employee to participate in the Telework Program on a situational, occasional, or ad-hoc basis. However, the employee must obtain advance supervisory approval for each episodic telework situation. Episodic telework includes the requirement for employees to telework in emergencies.

Alternate Duty Station and Availability

The Employee's Alternate Duty Station (ADS) is located at:
5401 McGrath Blvd, Apt 212, North Bethesda, MD 20852.

☒ ADS is a residence.

- For employees who are on 100% telework, outside of the geographic location of their official duty station (ODS), the employee's ADS will serve as their ODS.

The employee can be contacted at the ADS work site by:

- ☐ Phone at 301-945-3059
- ☒ Alternate phone (cell, SmartPhone, Blackberry etc.): 915-422-4583
- ☐ Fax number: _____

- On ADS workdays, employee must be as accessible via telephone and email and be available to managers, co-workers and customers during their scheduled tour of duty as when working at the conventional work site. An employee may not be authorized to telework if the performance of that employee does not comply with the terms of the written agreement between the agency manager and the employee. *Telework Enhancement Act Sec. 6502(B)(3)*. Performance standards for teleworking employees are the same as performance standards for non-teleworking employees.

Schedule

Employee is approved to report to the official duty station i.e. conventional work site (ODS) and alternate duty station (ADS) on the days shown on chart below.

Pay Period Week 1	ODS	ADS	AWS Day Off	Pay Period Week 2	ODS	ADS	AWS Day Off
Monday		X		Monday		X	
Tuesday	X			Tuesday	X		
Wednesday	X			Wednesday	X		
Thursday	X			Thursday	X		
Friday		X		Friday		X	

- On ADS workdays, if the employee is on a flexible work schedule, employee is required to notify supervisor of start time of her/his workday prior to the beginning of the tour of duty.
- Teleworking employees are required to report to the official duty station according to the schedule determined by the Employer. In addition, the Employer reserves the right to require more frequent days at the conventional work site for situations deemed appropriate by the supervisor either planned or unplanned, due to special circumstances, including but not limited to, office assignments, meetings, absence of other employees, emergency situations, or training classes. The Employer will make reasonable efforts to provide alternative methods (e.g., teleconferencing, etc.), to avoid unplanned situations requiring the employee to report to the conventional work site.
- Time and attendance procedures are the same at the ADS as at the conventional work site. Requests to use leave, compensatory time or credit hours must be made in accordance with established office procedures, Department policies, and collective bargaining agreements, including obtaining supervisory approval prior to using leave or credit hours.
- Any request to earn credit time must be approved in advance, in accordance with established office procedures, Department policies, and collective bargaining agreements. Any overtime or compensatory time must be ordered and approved by the Employer in advance. The Department will not compensate unapproved overtime work.

- The employee agrees not to engage in non-work activities while in official duty status at the ADS. This includes such activities as child care, elder care, and the conduct of other personal or family business.
- The Standards of Ethical Conduct for Employees of the Executive Branch, supplemental Department standards (5 CFR Part 5501), and applicable agency standards (e.g. FDA, NIH) continue to apply to employees at the ADS.
- Employees who participate in the Telework Program may be required to share office space, including "hoteling" or desk sharing, with their co-workers at the official duty station.

Expectations for Emergency Telework

Employees are *telework-ready* when they have a current written telework agreement in place. Telework-ready employees will be required to perform unscheduled telework during emergencies (e.g., closures due to inclement weather, power outages, water main breaks, etc.). These telework requirements apply to all telework-ready employees; they are not limited to employees scheduled to telework on the day of the emergency. They also apply to all telework-ready employees regardless if they are on a regular or episodic telework arrangement. Supervisors may approve exceptions on a case-by-case basis in unusual circumstances or for personal hardships.

Equipment and other expenses

- The employee agrees to ensure the protection of all Government-Furnished Equipment (e.g., laptop computer, software, Blackberry, etc.) from theft, damage, and/or inappropriate use. The employee must notify the Employer of any theft or damage to Government-furnished equipment and malfunctions of such equipment. The Employer is responsible for the routine maintenance and repair of all Government-furnished computer hardware and software used at the ADS. The Employer is not obligated to repair or replace privately-owned equipment that is lost or damaged.
- If the teleworker prefers to use personal computer equipment for official Government purposes while at the ADS, prior approval from the Employer must be obtained and the equipment must meet all Employer requirements and specifications. The teleworker is responsible for installing, servicing, and maintaining personal computer equipment and for checking for viruses on any software added or data files imported.
- The Employer is not responsible for any operating costs that are associated with the use of an employee's residence as an approved ADS worksite (e.g., home maintenance, insurance, utilities, etc.)

Information Security

- The employee agrees to adhere to all Federal, Department and Agency requirements for assuring this his/her systems and information are safe and secure from unauthorized access that might lead to the alteration, damage, or destruction of automated resources and data, unintended release of data, and/or denial of service. This includes ensuring that any equipment

and software used to remotely access the Employer's network are configured to the Employer's standards.

- Employees must comply with all security measures and disclosure provisions, including password protection and data encryption, so that the Privacy Act or other security standards are not compromised.
- The employee agrees to ensure the secure storage of files, removal and non-recovery of temporary files created, and appropriate destruction of extraneous material printed when remotely accessing the Employer's or Department non-public network.
- The employee will safeguard sensitive, Privacy Act or proprietary information that is accessed from the ADS. Sensitive, Privacy Act or proprietary information includes, but is not limited to, individually identifiable information such as names, addresses, social security numbers, health insurance claim numbers of Agency beneficiaries, medical or other personal Agency beneficiary or patient information, personnel information, and individually identifiable financial information.
- The employee will apply approved safeguards to protect Government/Employer records and information from unauthorized disclosure or damage and will comply with all statutory requirements for records protection.
- Employees must protect all government records and data against unauthorized disclosure, access, mutilation, obliteration and destruction.

Safety

- The employee agrees to provide a work area adequate for the performance of official duties, which includes adequate and safe provision of electricity, internet and phone connectivity, lighting, security for government documents and data. This includes, but is not limited to, assuring that the home's internet and electrical system is adequate for the use of Government-furnished equipment, safeguarding Government-owned equipment from children and pets, and providing smoke detectors.
- Employee should immediately report and manager should immediately investigate any reports of accidents or injuries on the job.
- For employees whose residence is the approved ADS, the employee is responsible for ensuring that all applicable building and safety codes are met. As part of this telework agreement, the employee has completed a Self-Certification Safety Checklist certifying to the safety and adequacy of his/her residence as an approved ADS worksite.
- The Employer has the right to inspect the ADS, including a residence, at any time to ensure its suitability: The Employer will provide not less than one (1) workday's notice in advance of the inspection and the Union shall have a right to be present. The employee agrees to permit the Employer to conduct periodic home inspections of the employee's residence as an approved ADS worksite during the employee's normal working hours to ensure proper maintenance of Government-owned equipment, worksite conformance with safety standards and other specifications within this agreement and the collective bargaining agreement between HHS and the Union.

- The Employer is not liable for damages to an employee's personal or real property during the course of performance of official duties or while using Government-owned equipment at the employee's approved ADS, except to the extent the Employer is held liable for claims arising under the Federal Tort Claims Act or Military Personnel and Civilian Employees Claims Act.

Termination/Modification

Participation in the Telework program can be suspended or terminated, as appropriate, for failure to comply with or meet the provisions of this Agreement, or for other good and sufficient reasons, such as:

- Failure to meet and maintain the eligibility requirements,
- Failure to accurately and truthfully report time worked,
- Organizational exigencies that impact on the mission of the Employer, and require the employee to perform work at the official duty station,
- Misconduct in connection with the employee's obligations under the telework program.

Temporary suspension or modification

The supervisor will notify the employee at least seven (7) days in advance of temporarily suspending or modifying an employee's telework agreement/plan.

Cancelled or terminated

If a telework agreement is cancelled or terminated, within the first sixty (60) days of the employee's return to the conventional workplace the employer will make reasonable efforts to return the employee to the same or comparable work situation the employee had prior to beginning the telework arrangement. After sixty (60) days, the employer will restore the employee to the same or comparable work situation of other similarly-situated employees.

Other Terms and Conditions

--

Signatures

We hereby certify that I have read and understand this Agreement and agree to adhere to all requirements.

CR

Claudia M. Rausch -S

Digitally signed by Claudia M. Rausch -

S

Date: 2019.01.08 10:44:21 -05'00'

01-23-2020

Employee Name & Organization

Date

mm
melissa
more

Matthew T. Wiley -S

Digitally signed by Matthew T. Wiley -S

Date: 2019.01.08 12:27:36 -05'00'

01-23-2020

Manager Name & Organization

Date

Email

Print

Telework Agreement

This Telework Agreement between Carolyn Nganga-Good (Supervisor/OPDIV) and Claudia Rausch (Employee) describes the terms and conditions of participation in the Telework Program. Employee participation is voluntary, and employee will adhere to the applicable guidelines and policies.

- ☒ Employee has successfully completed telework training or is exempted by the head of the agency, as provided in the Telework Enhancement Act of 2010 (the Act).
- ☒ Employee has completed annual information technology security training and privacy awareness training, administered at the agency level, and understands his/her responsibilities in safeguarding work-related information.
- ☒ Employee has a valid virtual private network (VPN) account.

The employee's government-furnished workstation ID (e.g., HHS123456) is:
HHS 91914

Type of Telework Arrangement Approved (check all that apply)

- ☒ Regular, recurring telework*
- ☐ Situational/ad-hoc/episodic telework**
- ☐ Medical arrangement to accommodate an employee with a temporary or permanent illness or disability

*Participation in Regular telework also includes an employee's compliance with Episodic telework requirements for emergencies.

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The Employee's Alternate Duty Station (ADS) is located at:

5401 McGrath Blvd, North Bethesda, MD 20852

- ☒ ADS is a residence.

- For employees who are on 100% telework, outside of the geographic location of their official duty station (ODS), the employee's ADS will serve as their ODS.

The employee can be contacted at the ADS work site by:

- ☒ Phone at 301-945-3059
- ☒ Alternate phone (cell, SmartPhone, Blackberry etc.): 9154224583
- ☐ Fax number: _____

- On ADS workdays, employee must be as accessible via telephone and email and be available to managers, co-workers and customers during their scheduled tour of duty as when working at the conventional work site. An employee may not be authorized to telework if the performance of that employee does not comply with the terms of the written agreement between the agency manager and the employee. *Telework Enhancement Act Sec. 6502(B)(3)*. Performance standards for teleworking employees are the same as performance standards for non-teleworking employees.

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Wednesday		X		Wednesday		X	
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Friday		X		Friday	X		

- On ADS workdays, if the employee is on a flexible work schedule, employee is required to notify supervisor of start time of her/his workday prior to the beginning of the tour of duty.
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- The employee agrees not to engage in non-work activities while in official duty status at the ADS. This includes such activities as child care, elder care, and the conduct of other personal or family business.
- The Standards of Ethical Conduct for Employees of the Executive Branch, supplemental Department standards (5 CFR Part 5501), and applicable agency standards (e.g. FDA, NIH) continue to apply to employees at the ADS.
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- If the teleworker prefers to use personal computer equipment for official Government purposes while at the ADS, prior approval from the Employer must be obtained and the equipment must meet all Employer requirements and specifications. The teleworker is responsible for installing, servicing, and maintaining personal computer equipment and for checking for viruses on any software added or data files imported.
- The Employer is not responsible for any operating costs that are associated with the use of an employee’s residence as an approved ADS worksite (e.g., home maintenance, insurance, utilities, etc.)

Information Security

- The employee agrees to adhere to all Federal, Department and Agency requirements for assuring this his/her systems and information are safe and secure from unauthorized access that might lead to the alteration, damage, or destruction of automated resources and data, unintended release of data, and/or denial of service. This includes ensuring that any equipment

and software used to remotely access the Employer's network are configured to the Employer's standards.

- Employees must comply with all security measures and disclosure provisions, including password protection and data encryption, so that the Privacy Act or other security standards are not compromised.
- The employee agrees to ensure the secure storage of files, removal and non-recovery of temporary files created, and appropriate destruction of extraneous material printed when remotely accessing the Employer's or Department non-public network.
- The employee will safeguard sensitive, Privacy Act or proprietary information that is accessed from the ADS. Sensitive, Privacy Act or proprietary information includes, but is not limited to, individually identifiable information such as names, addresses, social security numbers, health insurance claim numbers of Agency beneficiaries, medical or other personal Agency beneficiary or patient information, personnel information, and individually identifiable financial information.
- The employee will apply approved safeguards to protect Government/Employer records and information from unauthorized disclosure or damage and will comply with all statutory requirements for records protection.
- Employees must protect all government records and data against unauthorized disclosure, access, mutilation, obliteration and destruction.

Safety

- The employee agrees to provide a work area adequate for the performance of official duties, which includes adequate and safe provision of electricity, internet and phone connectivity, lighting, security for government documents and data. This includes, but is not limited to, assuring that the home's internet and electrical system is adequate for the use of Government-furnished equipment, safeguarding Government-owned equipment from children and pets, and providing smoke detectors.
- Employee should immediately report and manager should immediately investigate any reports of accidents or injuries on the job.
- For employees whose residence is the approved ADS, the employee is responsible for ensuring that all applicable building and safety codes are met. As part of this telework agreement, the employee has completed a Self-Certification Safety Checklist certifying to the safety and adequacy of his/her residence as an approved ADS worksite.
- The Employer has the right to inspect the ADS, including a residence, at any time to ensure its suitability: The Employer will provide not less than one (1) workday's notice in advance of the inspection and the Union shall have a right to be present. The employee agrees to permit the Employer to conduct periodic home inspections of the employee's residence as an approved ADS worksite during the employee's normal working hours to ensure proper maintenance of Government-owned equipment, worksite conformance with safety standards and other specifications within this agreement and the collective bargaining agreement between HHS and the Union.

- The Employer is not liable for damages to an employee's personal or real property during the course of performance of official duties or while using Government-owned equipment at the employee's approved ADS, except to the extent the Employer is held liable for claims arising under the Federal Tort Claims Act or Military Personnel and Civilian Employees Claims Act.

Termination/Modification

Participation in the Telework program can be suspended or terminated, as appropriate, for failure to comply with or meet the provisions of this Agreement, or for other good and sufficient reasons, such as:

- Failure to meet and maintain the eligibility requirements,
- Failure to accurately and truthfully report time worked,
- Organizational exigencies that impact on the mission of the Employer, and require the employee to perform work at the official duty station,
- Misconduct in connection with the employee's obligations under the telework program.

Temporary suspension or modification

The supervisor will notify the employee at least seven (7) days in advance of temporarily suspending or modifying an employee's telework agreement/plan.

Cancelled or terminated

If a telework agreement is cancelled or terminated, within the first sixty (60) days of the employee's return to the conventional workplace the employer will make reasonable efforts to return the employee to the same or comparable work situation the employee had prior to beginning the telework arrangement. After sixty (60) days, the employer will restore the employee to the same or comparable work situation of other similarly-situated employees.

Other Terms and Conditions

Signatures

We hereby certify that I have read and understand this Agreement and agree to adhere to all requirements.

Claudia M. Rausch -S Digitally signed by Claudia M. Rausch -
Date: 2022.05.17 23:12:46 -04'00'

Employee Name & Organization Date

Carolyn N. Nganga-good -S Digitally signed by Carolyn N. Nganga-
good -S
Date: 2022.05.19 16:38:49 -04'00'

Manager Name & Organization Date

Email

Print

TELEWORK SAFETY AND SECURITY CHECKLIST

EMPLOYEE SELF-CERTIFICATION

This checklist is designed to help your supervisor assess the overall work environment of your proposed alternative worksite. Please complete, sign, and submit this safety checklist with your HRSA Telework Request and Agreement Form to your supervisor for approval. Please submit a copy of the completed and approved form to your Office or Bureau Telework Coordinator.

EMPLOYEE NAME: Claudia Rausch
(Please print)

BUREAU/OFFICE/DIVISION: BHW / DPDB / Policy and Disputes Branch

OFFICE TELEPHONE: 301-945-3059

PROPOSED ALTERNATIVE WORKSITE INFORMATION

ADDRESS: 5401 McGrath Blvd
North Bethesda, MD 20852

THE TELEWORK WORK STATION AND THE SURROUNDING ENVIRONMENT MUST BE ADEQUATE FOR THE SUCCESSFUL PERFORMANCE OF YOUR OFFICIAL HRSA DUTIES

1. Is background or distracting noise minimal
(e.g., television, other persons, pets, outside traffic)? Yes ☒ No ☐
2. Is the workstation ergonomically correct? Yes ☒ No ☐
3. Is there sufficient light? Yes ☒ No ☐
4. Is access to government equipment and information
secure from others (e.g., family members, pets, etc.)? Yes ☒ No ☐

Health Resources and Services Administration
Human Resources Manual
Instruction 990-1.2 HRSA Telework Program
Exhibit 4 Telework Safety and Security Checklist

- | | | | | | | | |
|-----|---|-----|-------------------------------------|----|--------------------------|-----|--------------------------|
| 5. | Is there a smoke detector present and functional? | Yes | ☒ | No | ☐ | | |
| 6. | Is there a fire extinguisher present and functional? | Yes | ☒ | No | ☐ | | |
| 7. | Are all stairs with more than 4 steps equipped with handrails? | Yes | ☒ | No | ☐ | N/A | ☐ |
| 8. | Is all electrical equipment free of recognized hazards that could cause physical harm (e.g., frayed wires; bare conductors; loose wires; or exposed wires fixed to the ceiling, walls, or baseboard)? | Yes | ☒ | No | ☐ | | |
| 9. | Are the telephone wires, power supply cords, and extension cords secured under a desk or alongside a baseboard? | Yes | ☒ | No | ☐ | | |
| 10. | Are you using power surge protection equipment? | Yes | ☒ | No | ☐ | | |
| 11. | Is there a safe egress from the work area (minimum 28" clearance)? | Yes | ☒ | No | ☐ | | |
| 12. | Is the furniture in safe working order (i.e., no loose casters (wheels), cracked or broken parts, etc.)? | Yes | ☒ | No | ☐ | | |
| 13. | Is the workspace neat, clean, and free of combustible materials? | Yes | ☒ | No | ☐ | | |
| 14. | Is the workspace free of tripping hazards (i.e., worn carpet, frayed seams, loose tiles, etc.)? | Yes | ☒ | No | ☐ | | |
| 15. | Do you have privacy for confidential phone conversations? | Yes | ☒ | No | ☐ | | |

Health Resources and Services Administration
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EMPLOYEE CERTIFICATION

I certify that the information provided above is true and accurate to the best of my knowledge.

I understand that purposely providing false information on this document may be grounds for my supervisor to deny or terminate my telework privileges and take administrative action.

I understand that:

- My supervisor(s) may deny my telework request based on the information I provide on this checklist.
- It is my responsibility to provide and maintain an appropriate workspace.
- It is my responsibility to inform my supervisor immediately of any significant change in applicable conditions at my alternative worksite.

Employee's Signature: Claudia M. Rausch -S Digitally signed by Claudia M. Rausch -S
Date: 2022.05.17 23:24:44 -04'00' Date: 5/17/2022
Signature

SUPERVISOR DETERMINATION:

☒ Approve ☐ Disapprove

Reason for Disapproval (if applicable): _____

Supervisor's Name (please print): Carolyn Nganga-Good

Supervisor's Signature: Carolyn N. Nganga-good -S Digitally signed by Carolyn N. Nganga-good -S
Date: 2022.05.19 16:43:37 -04'00' Date: 5/19/2022

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2022-06-15T18:42:17.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.238	10.158.85.66	Utah	United States	T-MOBILE
2022-06-15T17:37:55.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.84	10.158.85.66	Utah	United States	T-MOBILE
2022-06-15T09:54:27.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.131	10.158.85.66	Utah	United States	T-MOBILE
2022-06-15T09:46:57.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.223	10.158.85.66	Utah	United States	T-MOBILE
2022-06-14T23:30:37.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.113	10.158.81.139	Utah	United States	T-MOBILE
2022-06-14T23:28:48.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.253	10.158.81.139	Utah	United States	T-MOBILE
2022-06-14T22:51:54.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.70	10.158.81.139	Utah	United States	T-MOBILE
2022-06-14T22:46:39.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.152	10.158.81.139	Utah	United States	T-MOBILE
2022-06-14T21:42:43.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.203	10.158.81.139	Utah	United States	T-MOBILE
2022-06-14T17:57:18.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.198	10.158.81.61	Utah	United States	T-MOBILE
2022-06-14T17:56:29.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.198	10.158.85.61	Utah	United States	T-MOBILE
2022-06-14T09:38:46.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.151	10.158.85.61	Utah	United States	T-MOBILE
2022-06-13T15:19:52.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.194	10.158.83.25	Utah	United States	T-MOBILE
2022-06-13T11:28:17.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.228	10.158.82.192	Utah	United States	T-MOBILE
2022-06-13T09:53:29.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.229	10.158.82.192	Utah	United States	T-MOBILE
2022-06-13T06:48:50.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.229	10.158.80.79	Utah	United States	T-MOBILE
2022-06-10T21:59:45.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.4	10.158.80.232	Utah	United States	T-MOBILE
2022-06-10T21:53:17.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.4	10.158.80.81	Utah	United States	T-MOBILE
2022-06-10T21:46:04.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.214	10.158.80.81	Utah	United States	T-MOBILE
2022-06-10T21:18:54.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.203	10.158.80.81	Utah	United States	T-MOBILE
2022-06-10T20:58:38.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.6	10.158.80.81	Utah	United States	T-MOBILE

2022-06-10T11:35:00.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.40	10.158.80.115	Utah	United States	T-MOBILE
2022-06-10T09:49:49.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.0	10.158.80.115	Utah	United States	T-MOBILE
2022-06-09T16:57:28.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.52	10.158.84.41	Utah	United States	T-MOBILE
2022-06-09T16:18:49.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.151	10.158.84.41	Utah	United States	T-MOBILE
2022-06-09T13:13:56.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.237	10.158.84.41	Utah	United States	T-MOBILE
2022-06-09T08:37:33.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.111.238	10.158.85.20	Texas	United States	T-MOBILE
2022-06-03T16:42:31.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.236	10.158.84.42	Utah	United States	T-MOBILE
2022-06-03T15:43:30.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.83	10.158.84.42	Utah	United States	T-MOBILE
2022-06-03T09:37:00.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.165	10.158.84.42	Utah	United States	T-MOBILE
2022-06-02T11:25:34.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.27	10.158.85.164	Utah	United States	T-MOBILE
2022-06-02T09:30:56.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.116	10.158.85.164	Utah	United States	T-MOBILE
2022-06-02T00:28:17.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.119	10.158.81.130	Utah	United States	T-MOBILE
2022-06-01T09:51:16.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.55	10.158.84.161	Utah	United States	T-MOBILE
2022-06-01T00:38:35.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.178	10.158.80.186	Utah	United States	T-MOBILE
2022-06-01T00:35:47.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.95	10.158.80.186	Utah	United States	T-MOBILE
2022-05-31T17:13:28.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.38	10.158.80.164	Utah	United States	T-MOBILE
2022-05-31T15:06:11.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.173	10.158.85.76	Utah	United States	T-MOBILE
2022-05-31T13:52:38.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.93	10.158.85.76	Utah	United States	T-MOBILE
2022-05-31T13:03:25.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.41	10.158.85.76	Utah	United States	T-MOBILE
2022-05-31T12:41:20.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.52	10.158.85.76	Utah	United States	T-MOBILE
2022-05-31T12:01:19.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.228	10.158.85.76	Utah	United States	T-MOBILE
2022-05-31T10:26:51.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.216	10.158.83.245	Utah	United States	T-MOBILE
2022-05-31T10:06:02.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.11	10.158.83.245	Utah	United States	T-MOBILE
2022-05-27T11:38:46.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.38	10.158.85.110	Utah	United States	T-MOBILE
2022-05-27T09:50:26.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.80	10.158.85.110	Utah	United States	T-MOBILE
2022-05-26T17:03:52.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.183	10.158.80.18	Utah	United States	T-MOBILE
2022-05-26T14:53:51.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.9	10.158.81.122	Utah	United States	T-MOBILE
2022-05-26T10:06:14.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.195	10.158.84.17	Utah	United States	T-MOBILE
2022-05-26T09:36:00.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.94	10.158.84.17	Utah	United States	T-MOBILE
2022-05-25T09:35:05.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.71	10.158.84.246	Utah	United States	T-MOBILE
2022-05-25T02:32:49.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.17	10.158.81.252	Utah	United States	T-MOBILE
2022-05-25T02:40:34.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.67	10.158.81.252	Utah	United States	T-MOBILE
2022-05-24T14:03:30.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.206	10.158.85.154	Utah	United States	T-MOBILE
2022-05-24T09:43:21.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.108	10.158.85.154	Utah	United States	T-MOBILE
2022-05-23T21:30:04.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.227	10.158.81.196	Utah	United States	T-MOBILE
2022-05-23T20:39:13.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.172	10.158.81.196	Utah	United States	T-MOBILE
2022-05-23T20:04:49.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.178	10.158.81.196	Utah	United States	T-MOBILE
2022-05-23T14:32:40.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.48	10.158.84.39	Utah	United States	T-MOBILE
2022-05-23T14:30:08.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.28	10.158.84.39	Utah	United States	T-MOBILE
2022-05-23T11:25:53.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.245	10.158.84.39	Utah	United States	T-MOBILE
2022-05-23T09:36:39.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.17	10.158.84.39	Utah	United States	T-MOBILE
2022-05-20T18:34:22.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.87	10.158.81.157	Utah	United States	T-MOBILE
2022-05-20T11:22:42.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.108	10.158.81.157	Utah	United States	T-MOBILE
2022-05-20T09:39:02.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.34	10.158.81.157	Utah	United States	T-MOBILE
2022-05-19T15:37:26.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.31	10.158.81.212	Utah	United States	T-MOBILE
2022-05-19T14:01:07.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.234	10.158.81.212	Utah	United States	T-MOBILE
2022-05-19T06:27:58.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.184	10.158.81.212	Utah	United States	T-MOBILE
2022-05-18T18:01:54.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.94	10.158.85.214	Utah	United States	T-MOBILE
2022-05-18T15:18:47.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.102	10.158.85.214	Utah	United States	T-MOBILE
2022-05-18T10:42:27.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.130	10.158.85.214	Utah	United States	T-MOBILE
2022-05-18T09:41:44.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.148	10.158.85.214	Utah	United States	T-MOBILE
2022-05-17T15:41:47.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.108	10.158.82.71	Utah	United States	T-MOBILE
2022-05-17T07:57:46.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.89	10.158.82.71	Utah	United States	T-MOBILE
2022-05-16T14:36:00.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.215	10.158.85.210	Utah	United States	T-MOBILE
2022-05-16T09:54:53.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.19	10.158.85.210	Utah	United States	T-MOBILE
2022-05-16T09:37:36.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.19	10.158.85.207	Utah	United States	T-MOBILE
2022-05-13T14:15:47.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.147	10.158.80.7	Utah	United States	T-MOBILE
2022-05-13T12:37:09.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.21	10.158.80.7	Utah	United States	T-MOBILE
2022-05-13T09:52:58.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.163	10.158.85.227	Utah	United States	T-MOBILE
2022-05-12T13:21:46.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.238	10.158.85.12	Utah	United States	T-MOBILE
2022-05-12T13:19:01.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.238	10.158.80.97	Utah	United States	T-MOBILE
2022-05-12T10:49:08.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.58	10.158.80.97	Utah	United States	T-MOBILE
2022-05-12T09:42:13.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.151	10.158.80.97	Utah	United States	T-MOBILE
2022-05-11T22:26:47.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.227	10.158.80.97	Utah	United States	T-MOBILE
2022-05-11T11:02:23.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.161	10.158.81.107	Utah	United States	T-MOBILE
2022-05-11T09:39:17.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.227	10.158.81.107	Utah	United States	T-MOBILE

2022-05-10T14:53:04.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.77	10.158.85.236	Utah	United States	T-MOBILE
2022-05-10T10:18:19.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.82	10.158.85.236	Utah	United States	T-MOBILE
2022-05-10T09:31:11.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.21	10.158.85.236	Utah	United States	T-MOBILE
2022-05-09T15:48:48.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.96	10.158.84.61	Utah	United States	T-MOBILE
2022-05-09T09:37:42.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.4	10.158.84.61	Utah	United States	T-MOBILE
2022-05-07T00:32:42.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.127	10.158.81.189	Utah	United States	T-MOBILE
2022-05-06T21:07:15.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.69	10.158.81.189	Utah	United States	T-MOBILE
2022-05-06T09:51:18.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.154	10.158.83.223	Utah	United States	T-MOBILE
2022-05-05T09:42:26.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.41	10.158.84.245	Utah	United States	T-MOBILE
2022-05-05T00:31:03.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.166	10.158.80.21	Utah	United States	T-MOBILE
2022-05-02T16:10:46.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.225	10.158.84.71	Utah	United States	T-MOBILE
2022-05-02T14:33:14.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.139	10.158.84.71	Utah	United States	T-MOBILE
2022-05-02T11:46:25.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.169	10.158.84.71	Utah	United States	T-MOBILE
2022-05-02T09:41:16.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.49	10.158.84.71	Utah	United States	T-MOBILE
2022-05-02T05:46:14.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.199	10.158.80.220	Utah	United States	T-MOBILE
2022-05-02T05:14:25.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.33	10.158.80.127	Utah	United States	T-MOBILE
2022-04-29T19:34:14.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.167	10.158.84.173	Utah	United States	T-MOBILE
2022-04-29T13:35:22.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.143	10.158.84.173	Utah	United States	T-MOBILE
2022-04-29T09:42:07.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.209	10.158.84.173	Utah	United States	T-MOBILE
2022-04-28T18:23:22.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.82	10.158.84.183	Utah	United States	T-MOBILE
2022-04-27T18:09:11.000-0400	GP_HRSA_Default	crausch@hrsa.gov	104.251.184.66	10.158.84.227	Texas	United States	ANTS-Technology
2022-04-26T14:13:59.000-0400	GP_HRSA_Default	crausch@hrsa.gov	104.251.184.66	10.158.83.34	Texas	United States	ANTS-Technology
2022-04-25T15:34:17.000-0400	GP_HRSA_Default	crausch@hrsa.gov	104.251.184.66	10.158.81.33	Texas	United States	ANTS-Technology
2022-04-25T09:43:33.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.111.82	10.158.81.33	Texas	United States	T-MOBILE
2022-04-25T09:19:13.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.108.174	10.158.81.33	Texas	United States	T-MOBILE
2022-04-25T08:57:09.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.107.210	10.158.81.33	Texas	United States	T-MOBILE
2022-04-25T08:42:36.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.109.195	10.158.81.33	Texas	United States	T-MOBILE
2022-04-25T08:34:16.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.111.146	10.158.81.33	Texas	United States	T-MOBILE
2022-04-12T17:15:04.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.52	10.158.80.104	Utah	United States	T-MOBILE
2022-04-12T09:47:48.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.59	10.158.80.55	Utah	United States	T-MOBILE
2022-04-11T09:38:47.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.64	10.158.84.153	Utah	United States	T-MOBILE
2022-04-08T05:24:50.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.140	10.158.80.40	Utah	United States	T-MOBILE
2022-04-07T18:03:22.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.55	10.158.85.153	Utah	United States	T-MOBILE
2022-04-07T15:00:34.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.195	10.158.85.153	Utah	United States	T-MOBILE
2022-04-07T11:02:20.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.45	10.158.85.153	Utah	United States	T-MOBILE
2022-04-07T09:48:25.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.39	10.158.85.153	Utah	United States	T-MOBILE
2022-04-06T22:57:20.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.186	10.158.84.20	Utah	United States	T-MOBILE
2022-04-06T17:32:30.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.138	10.158.84.20	Utah	United States	T-MOBILE
2022-04-06T13:21:28.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.251	10.158.84.20	Utah	United States	T-MOBILE
2022-04-06T09:34:19.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.125	10.158.84.20	Utah	United States	T-MOBILE
2022-04-06T09:32:34.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.118	10.158.84.20	Utah	United States	T-MOBILE
2022-04-05T13:59:44.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.169	10.158.87.35	Utah	United States	T-MOBILE
2022-04-05T11:05:58.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.195	10.158.83.211	Utah	United States	T-MOBILE
2022-04-05T07:43:22.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.115	10.158.83.211	Utah	United States	T-MOBILE
2022-04-04T12:55:41.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.108	10.158.81.25	Utah	United States	T-MOBILE
2022-04-04T11:01:12.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.150	10.158.80.23	Utah	United States	T-MOBILE
2022-04-04T09:37:29.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.235	10.158.84.231	Utah	United States	T-MOBILE
2022-04-01T10:25:56.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.221	10.158.81.24	Utah	United States	T-MOBILE
2022-04-01T05:11:24.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.243	10.158.81.24	Utah	United States	T-MOBILE
2022-03-31T15:11:43.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.99	10.158.86.53	Utah	United States	T-MOBILE
2022-03-31T11:05:56.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.226	10.158.86.53	Utah	United States	T-MOBILE
2022-03-31T07:03:51.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.226	10.158.80.82	Utah	United States	T-MOBILE
2022-03-31T07:03:43.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.140	10.158.80.82	Utah	United States	T-MOBILE
2022-03-30T17:54:53.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.71	10.158.80.82	Utah	United States	T-MOBILE
2022-03-30T15:11:24.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.16	10.158.84.232	Utah	United States	T-MOBILE
2022-03-30T13:28:42.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.45	10.158.84.232	Utah	United States	T-MOBILE
2022-03-30T12:17:14.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.72.239	10.158.84.232	Utah	United States	T-MOBILE
2022-03-29T13:52:41.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.121	10.158.85.179	Utah	United States	T-MOBILE
2022-03-29T09:21:31.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.73.231	10.158.85.179	Utah	United States	T-MOBILE
2022-03-28T18:14:02.000-0400	GP_HRSA_Default	crausch@hrsa.gov	172.58.100.48	10.158.82.12	Texas	United States	T-MOBILE

Charge:

3) Absence Without Leave
(AWOL)

Lee, Kelli (HRSA)

From: Nganga-Good, Carolyn (HRSA)
Sent: Thursday, September 29, 2022 9:38 AM
To: Claudia Marie Rausch; Rausch, Claudia (HRSA)
Cc: Moore, Melissa (HRSA)
Subject: RE: Out sick

Hi Claudia,

Thanks for the notification. Hope you feel better. I will be on the lookout for the ITAS request.

Please note that per your leave restriction notice, you must provide me acceptable documentation upon your return to duty in order for the leave to be approved.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Claudia Marie Rausch <claudiamarausch@hotmail.com>
Sent: Thursday, September 29, 2022 9:10 AM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>
Subject: [EXTERNAL] Re: Out sick

Good morning Carolyn,

Just wanted to let you know I'm still not feeling well and will be out sick today as well. I will update my ITAS record with SL and the 2 hours of credit leave I have as soon as I have a chance to log in to the system.

Thank you,

Claudia Rausch

> On Sep 28, 2022, at 2:40 PM, Rausch, Claudia (HRSA) <CRausch@hrsa.gov> wrote:

>

> Hi Carolyn,

>

> I'm not feeling well and will be out sick for the remainder of the day.

>

> I have already updated ITAS with my sick leave request.

>

> Thanks,

>

> Claudia Rausch

> Management Analyst

> Policy and Disputes Branch

> National Practitioner Data Bank

> HHS | HRSA | Bureau of Health Workforce (BHW)

>): 301-945-3059| 3: crausch@hrsa.gov

>

> BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

>

>

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

Lee, Kelli (HRSA)

From: Nganga-Good, Carolyn (HRSA)
Sent: Friday, November 04, 2022 10:11 AM
To: Claudia Marie Rausch
Cc: Rausch, Claudia (HRSA); Moore, Melissa (HRSA)
Subject: RE: Out sick

Follow Up Flag: Follow up
Due By: Friday, November 18, 2022 11:00 AM
Flag Status: Flagged

Hi Claudia,

Thank you for the notification. I hope you feel better. Please remember that you need to provide medical documentation for your unanticipated sick leave requests within the timeframe specified in your leave restriction notice. Please copy Melissa when you submit your documentation; she will be covering for me during my leave starting next week.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
HRSA/National Practitioner Data Bank

-----Original Message-----

From: Claudia Marie Rausch <claudiamarausch@hotmail.com>
Sent: Friday, November 4, 2022 9:51 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: [EXTERNAL] Out sick

Good morning Carolyn,

Just wanted to let you know that I will need to be out sick today, and just updated ITAS with my sick leave request.

Sorry for the delayed notice, I tried sending this earlier but kept experiencing network issues.

Thank you,

Claudia Rausch

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and are confident the content is safe.

Lee, Kelli (HRSA)

From: Moore, Melissa (HRSA)
Sent: Monday, November 07, 2022 8:17 AM
To: Rausch, Claudia (HRSA)
Cc: Nganga-Good, Carolyn (HRSA)
Subject: RE: Out Sick

Good morning Claudia,

Thank you for the notification. I hope you feel better soon. Please remember that you need to provide medical documentation for your unanticipated sick leave requests (11/4 and 11/7) per instructions in your leave restriction notice.

Melissa B. Moore, MSW, MBA
Deputy Director, Division of Practitioner Data Bank Bureau of Health Workforce Health Resources and Services Administration
(301) 945-3332

-----Original Message-----

From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Sunday, November 6, 2022 9:12 PM
To: Stanzione, Adam (HRSA) <AStanzione@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>; Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Out Sick

Hi Adam,

It looks like you're covering for Carolyn while she's out on leave?

If so, just wanted to let you know I think I'll need to be out sick tomorrow, on Monday, November 7, 2022. I'm dealing with a bad case of food poisoning and don't think I'll be able to make in tomorrow.

I've updated ITAS accordingly and have CC'd Melissa for timekeeping purposes.

Thank you,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
National Practitioner Data Bank
HHS | HRSA | Bureau of Health Workforce (BHW)
) : 301-945-3059 | 3: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

Lee, Kelli (HRSA)

From: Nganga-Good, Carolyn (HRSA)
Sent: Wednesday, October 05, 2022 11:38 AM
To: Rausch, Claudia (HRSA)
Cc: Moore, Melissa (HRSA); Loewenstein, David (HRSA); Lee, Kelli (HRSA)
Subject: RE: Work Status
Attachments: RQ BHW Rausch C 05-22 Telework Request and Agreement Form.pdf
Importance: High

Claudia,

The leave restriction was issued properly and you are expected to comply with the requirement to report to your workstation at 5600 Fishers Lane unless you are on approved leave.

In regards to your statement, *"I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th."*

I understand that you are stating that you reported to your approved official worksite at 5600 Fishers Lane on the dates noted. If that was not what you meant, you must let me know by 5pm today as I need to be clear on your whereabouts/work status.

Regarding your inquiries about laws, rules, regulations, and/or Agency policies governing the Leave Restriction Notice - your TW agreement details the eligibility and terms (see attached) and more information can be found on the [NTEU Collective Bargaining Agreement](#).

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Sent: Wednesday, October 5, 2022 9:03 AM
To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Ganey,

Catherine (HRSA) <CGaney@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Grossman, Jordan (HRSA) <JGrossman@hrsa.gov>; Espinosa, Diana (HRSA) <DEspinosa@hrsa.gov>; Kadingo, Wendy (HRSA) <WKadingo@hrsa.gov>; Ali, Shontae (HRSA) <SAli@hrsa.gov>; Colbert, Dale (HRSA) <DColbert@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Pradia-Williams, Sheila (HRSA) <SPradia-Williams@hrsa.gov>; Gaskill, Sheena (HRSA) <SGaskill@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>

Subject: RE: Work Status

Importance: High

Hi Carolyn,

My reply to you is attached. For your convenience, it's also copied into the body of this email:

Hi Carolyn,

In reply to your October 4, 2022 email, I did report for duty and worked on Wednesday September 28th, Friday September 30th, Monday October 3rd and Tues October 4th.

As explained in my October 4, 2022 emailed reply to the instructions from your September 21, 2022 Notice, I do not understand your instructions and requested clarification. Can you please answer my October 4, 2022 questions and provide me with the clarification I am seeking?

To recap, my approved leave usage from this year, is the basis for your September 21, 2022 decision to restrict my leave usage and suspend me from participating in the Agency-wide Alternative Work Schedule and Telework programs. As you are aware through our prior communications, a lot of the leave I've used has been to accommodate my reasonable accommodation ("RA") needs; and/or avoid a hostile work environment and retaliatory harassment. If the Agency would've approved my prior RA request of episodic telework and/or 100% telework which proved to be an effective accommodation, I wouldn't have needed to use leave on days I'm scheduled to go to the Agency building.

You were willing to accommodate my reasonable accommodation needs before. I don't understand why that has changed suddenly and why you have decided to eliminate all the aforementioned work schedule flexibilities that I have used as reasonable accommodations. Nor have you been willing to engage in the interactive process required under the Rehabilitation Act. Accordingly, please advise what I need to do to obtain a reasonable accommodation of 100% telework from the Agency, and/or RA based leave. Please also advise what resolution, assistance or remediation is available to me from the Agency. Also, please advise if the Agency is able to provide any support for my reasonable accommodation needs and the retaliatory harassment I continue to experience.

Notably, your September 22, 2022 restrictions and suspension of leave use, AWS, and telework comes after I made you aware that I feared being near the Agency building due to retaliatory harassment to include, but not limited to, radiation attacks. At the minimum, it is clear that this management decision is intended to further create even more intolerable working conditions for me; forcing me to exhaust my leave.

Your September 22, 2022 notice and related decisions are clearly based on leave usage that has resulted from the Agency's wrongful actions, and thus, give me no meaningful choice in the matter. This more than suggests that your September 22, 2022 threat of disciplinary action and/or removal from the federal service for failure to comply with the unfair and unlawful restrictions and suspension of leave use, AWS, and telework; is intended to support a constructive removal and/or constructive disciplinary action against me. Based on the facts and evidence I have reviewed, it is clear that my protected activity, to include but not limited to, my EEO-activity and whistleblowing activity, are at the minimum – motivating factors in these personnel actions. Subsequently, amounting to Prohibited Personnel Practices in violation of the Merits Systems Principles pursuant to Title Five of the United States Code.

Considering this alongside other factors, to include the fact that you seem unwilling or unable to respond to my October 4, 2022 questions and request for clarification, **please take notice** of the following:

As previous attempts to reach resolution and communicate these concerns to you and management officials in my chain of command have been unsuccessful, **please take notice that I will pursue legal action against you and all accountable parties to the fullest extent allowed by law.**

This is based on facts and evidence I have reviewed, which lead me to reasonably believe that **your instructions and September 22, 2022 restrictions and suspension of leave use, AWS, and telework are unlawful. I believe these actions by you are intended to discriminate, deter protected EEO-activity and retaliate against protected activity in violation of EEOC Regulations and Whistleblower Protection laws.** Please also take notice that I believe your actions are part of a pattern of retaliatory harassment and amount to unlawful discrimination me. I believe I'm being treated differently by you and the Agency because I'm a Hispanic, Mexican-American Female. I also believe I'm being discriminated against by you and the Agency because I have a disability (perceived or otherwise).

Any perceived resistance from me in response to the unlawful instructions referenced in above, is at most, an attempt by me to oppose unlawful retaliatory actions by you and the Agency or protect myself from danger and irreparable harm; and not an attempt of misconduct.

For our records, this email by me is attempt to exercise my rights to protected opposition pursuant to 29 CFR Part 1614 and the NO FEAR ACT, and other applicable laws. In effort to exhaust my responsibility to gain resolution through any processes that may be available by the Agency, **I have carbon copied additional Agency management officials in attempt to escalate my concerns of retaliation and/or provide formal legal notice of my intent to take legal action against any accountable parties.**

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: crausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Tuesday, October 4, 2022 2:11 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>
Subject: RE: Work Status
Importance: High

Hi Claudia,

I received the attached emails from you in response to my message regarding your work status.

I instructed you to report for duty at 5600 Fishers lane to your official work station starting September 28, 2022 via the September 21, 2022 Leave Restriction Memo.

As I understand from your last emails, you did not report for duty as instructed Wednesday Sept 28th and Friday Sept 30th, nor did you report for duty as instructed Monday Oct 3rd and Tues Oct 4th. Your behavior is considered misconduct and will not be tolerated.

You must:

- Confirm whether or not you reported to duty as instructed on 9/28, 9/30, 10/3 and 10/4 **by 5pm today.**
- **Immediately comply** with the Leave Restriction instructions I issued you on September 21, 2022 – (attached for your review) and report to the office as instructed. You are not approved to telework.

I will address any other necessary questions/matters from your attached email as soon as I am able to.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



From: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>

Sent: Tuesday, October 4, 2022 11:43 AM

To: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>

Cc: Moore, Melissa (HRSA) <MMoore1@hrsa.gov>; Loewenstein, David (HRSA) <DLoewenstein@hrsa.gov>; Padilla, Luis (HRSA) <LPadilla@hrsa.gov>; Johnson, Carole (HRSA) <Carole.Johnson@hrsa.gov>; Ganey, Catherine (HRSA) <CGaney@hrsa.gov>; Lee, Kelli (HRSA) <KLee@hrsa.gov>; Archeval, Anthony (HRSA) <AArcheval@hrsa.gov>

Subject: RE: Work Status

Importance: High

Hi Carolyn,

I apologize for the delay, I'm just now seeing this email.

I have a few questions regarding your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternative Work Schedule Suspension; and would like some clarification. My questions and concerns are attached.

For your convenience, I have also copied my reply into the body of this email:

I am seeking clarification and have a few questions about your September 21, 2022 Notice of Leave Restriction and Notice of Telework and Alternate Work Schedule Suspension (“September 21, 2022 Notice” or “Notice”), now that I have had time to read it. Can you please provide clarification? Or can you point me to the appropriate person within The Health Resources and Services Administration (“HRSA” or “Agency”) that can? I would greatly appreciate it. For convenience, my questions appear in **bold underline** print throughout this document.

My first questions are:

What laws, rules and regulations support the decision to suspend me from the telework agreement and Alternative Work Schedule (“AWS”)? Can you please tell me? Your Notice did not cite any. Equally, **what laws, rules, regulations or Agency policies authorize or allow a federal supervisor to suspend an employee’s telework agreement and alternative work schedule?**

More so, considering the surrounding circumstances in my particular situation, such as my previous and current protected activity? Specifically, my protected-EEO activity, whistleblowing activity, reasonable accommodation (“RA”) needs and prior RA requests, and the harassment I’ve experienced near the Agency building, such as radiation attacks, that caused me to fear for my life – all which you’re aware of. **Or have I mistakenly failed to inform you of any of these surrounding circumstances?** Because the numerous emails between us, in addition to your August 27, 2021 testimony from my EEOC Hearing very clearly evidence that you and the Agency are aware of all of these surrounding circumstances. **Am I mistaken?**

I am not aware of any laws, regulations or policies that support or authorize the decisions in your September 21, 2022 Notice, nor its threats of recording absences as “AWOL” and “disciplinary/adverse action, up to and including removal from [my] position and from the Federal service” for failure to comply. **Or is your September 21, 2022 Notice exempt from the requirement of adhering to federal laws and regulations that govern the supervision and management of Federal Service under Title Five of the United States Code?**

As I understand applicable law, pursuant to [5 USC §2302\(a\)\(2\)\(A\)](#) and applicable case law, your September 21, 2022 Notice and “leave and AWS restrictions”, as well as the recent decision to suspend me, meet the legal definition of personnel action(s). Subsequently, these actions amount to several prohibited personnel practices (“PPP”) in violation of [5 USC §2302\(b\)\(8\)](#) and [5 USC §2302\(b\)\(9\)\(A\)\(i\), \(b\)\(9\)\(B\), \(B\)\(9\)\(C\), and \(B\)\(9\)\(D\)](#); which forbid reprisal in the form of personnel actions in response to the surrounding circumstances I’ve referenced above, further evidenced by our prior emails and your August 27, 2021 EEOC Hearing testimony. See *Arauz v. DOJ*, 89 MSPR 529 (2001). This includes the September 21, 2022 Notice threats of AWOL and disciplinary/adverse actions. See *Gergick v. GSA*, 43 MSPR 651, 656-57 (1990) and *Schnell v. Dept. of Army*, 114 MSPR 83, 2010 MSPB 67 (2010). Your September 21, 2022 Notice also appears to be strategically provided to me alongside your increased scrutiny of my deadlines, and during the Agency’s EEO investigation into my current EEO complaint, in which you are one of the primary “responsible management officials”. This further leads me to believe your September 21, 2022 Notice is intended to interfere with my ability to adequately respond to the EEO investigation; thus amounting to actionable retaliation.

Or are you and the Agency exempt from the Merits Systems Principles that routinely govern the Federal Service? Are you and HRSA exempt from the authority of the Office of Special Counsel (“OSC”) and the Merits Systems Protection Board (“MSPB”)? Please let me know if you believe I am misinterpreting these laws and they are not applicable to you and HRSA.

Even absent the Merits System Principles, many other federal laws, regulations, and policies contradict your September 21, 2022 Notice and Leave/AWS restriction; indicating it is unlawful, not legally binding and unenforceable. However, **please let me know if you believe I am misinterpreting any of the following laws and regulations further explained below.** As of now, I understand your September 21, 2022 Notice to be at the minimum - unlawful, done in retaliation

and in violation of whistleblower protection laws, EEOC laws and the Rehabilitation Act. Your September 21, 2022 Notice also appears intended to expose me to irreparable harm, which I understand to not be legally enforceable. I will not risk exposing myself to potential danger or irreparable harm. I don't believe federal law requires federal employees to follow orders that will result in potential danger or irreparable harm to themselves. However, please feel free to educate me. Because your September 21, 2022 Notice did not cite any laws, regulations or specify supportive facts.

Absent clarification from you, I understand the September 21, 2022 Notice and Leave/AWS/Telework restrictions to be unlawful, not legally enforceable, contradicted by applicable federal law, thus, null and void. However, I look forward to any clarification you can provide and any answers you are able to provide to my questions above and below.

As a matter of course, please note that in effort to meet my responsibility to escalate concerns of unlawful retaliation to supervisors in my chain of command and exhaust any remedies provided by the Agency - I have carbon copied additional Agency personnel to include my 2nd, 3rd, 4th, and 5th level supervisors. This email by me, should be considered by all, a report of retaliation and violation of EEO Laws and the NO FEAR ACT.

For our records, my questions, concerns, and request for clarification is further explained and addressed below:

I. RESTRICTION OF LEAVE, AWS AND TELEWORK IS CONTRADICTED BY APPLICABLE FEDERAL LAW AND REGULATIONS

a. Title Five of the United States Code

Your September 21, 2022 Notice makes brief reference to the Collective Bargaining Agreement ("CBA"), Article 26, Section 4.D.2. However, federal law requires that the management of the attendance and leave of the federal service, to include work schedule flexibilities such as "telework" and "alternative work schedule ["AWS"]", ***adhere to federal law in addition to*** the terms of a collective bargaining agreement. See [Title 5 of the United States Code \(U.S.C.\), PART III, Subpart E on Attendance and Leave, CHAPTER 61, SUBCHAPTER II Regarding Flexible and Compressed Work Schedules](#), "...any flexible or compressed work schedule, and the establishment and termination of any such schedule, shall be subject to the provisions of this subchapter **and** the terms of a collective bargaining agreement....". See [5 U.S.C. §6130\(a\)\(1\)](#). The subchapter references several Executive Directives, Orders and rules that clarify such "schedule flexibilities" include both "alternative work schedules" and "telework". See [Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625 on "Enhancing Workplace Flexibilities and Work-Life Programs"](#).

Am I misinterpreting this law? Does this federal law and Presidential Directive not apply to HRSA?

b. OPM, EEOC, and MSPB Regulations and Directives

Pursuant to [5 U.S.C. §1101\(a\)](#), Federal Agencies must adhere to "all executive orders, rules, and regulations affecting the Federal service" unless "modified, terminated, superseded, or repealed by the President, the Office of Personnel Management ["OPM"], the Merit Systems Protection Board ["MSPB"], the Equal Employment Opportunity Commission ["EEOC"], or the Federal Labor Relations Authority ["FLRA"]...".

Is HRSA exempt from following rules and regulations established by OPM, the MSPB and the EEOC? Please let me know.

II. AGENCY IS AWARE THAT LEAVE, TELEWORK AND AWS RESTRICTION(S) WOULD EXPOSE ME TO POTENTIAL DANGER AND IRREPARABLE HARM

a. Factual Background

You and the Agency, became acutely aware that I have felt a need to avoid being near the Agency building in effort to ensure my safety and potential harm to my life. This is evidenced through my April 25, 2022 emailed reply to your April 19, 2022 Memorandum and my June 1, 2022 emailed reply to your May 23, 2022 attempt to remove evidence on my laptop from my possession. I further explained these matters in my August 22-24, 2022 reply (***Also labeled August***

22, 2022 Reply and attachments...) to your July 20, 2022 proposal to suspend me. **Attached.** My explanation included photos that evidenced I was being attacked by toxic radiation levels in a location that is only 6 minutes away from the Agency building. You even included the photos in your July 20, 2022 proposal to suspend me and responded to my August 22-24, 2022 reply by suggesting I update my AWS location on my telework agreement.

Am I mistaken? Did you believe that my June 1, 2022 emailed statement of “I do not currently have the luxury of dropping into the HRSA building at a moment’s notice without extensive planning and foresight, and without risk to my life” failed to clarify that I feel a need to avoid being near the Agency building to ensure my safety?

Whether or not my beliefs of risk to my safety near the Agency building are credible or provable, your September 21, 2022 Leave and AWS restrictions came only three and a half months afterwards, thus strongly evidence retaliatory intent. At least, as I currently understand applicable MSPB and EEOC guidance and case law.

Or do MSPB and EEOC decisions and directives governing reprisal not apply to you and HRSA? See my April 25, 2022 reply to your April 19, 2022 Notice and June 1, 2022 reply to May 23, 2022 email attached.

As I understand [Presidential Directive under the Memorandum of President of the United States, June 23, 2014, 79 F.R. 36625](#) on “Enhancing Workplace Flexibilities and Work-Life Programs”, “leave policies... related to stalking situations” is one of the “workplace flexibilities” that federal agencies must “ensure... are available to the maximum extent practicable, in accordance with the laws and regulations...”. See [Section 2 \(l\) of June 23, 2014, 79 F.R. 36625 in 5 U.S.C., Part III. Does this Presidential Directive not apply to me, HRSA and HHS?](#) Because your September 21, 2022 restriction of leave, AWS and telework not only appears to be retaliatory, but also appears intended to place me in danger and in a frightful situation.

III. LEAVE AND AWS RESTRICTION VIOLATES THE REHABILITATION ACT AND EEOC DIRECTIVES

a. Factual Background

The Agency and you are aware that I have had reasonable accommodation needs beginning late 2019, and/or early to midyear 2020, and that my requests for a reasonable accommodation included, but are not limited to: episodic telework, flexible work schedule and leave. The Agency and you also have record that ‘telework’ was an effective accommodation for me. Historical evidence in the matter which is further described below, establishes that my panic attack symptoms took place primarily at the Agency building and I experienced a remission of these symptoms upon being on 100% telework during the pandemic.

The Agency and you are aware that I experienced a remission of panic attack symptoms during the Agency’s 100% telework policy during the pandemic, and that I surpassed performance expectations while being on 100% telework and using 213 to 259 hours of leave a year from 2020 to 2021. The Agency’s prior attempt to discredit my qualifications for a reasonable accommodation, for the likely purpose of avoiding liability in my harassment case, by utilizing a misrepresented FOH “medical review” were unsuccessful. To date, the Agency and its legal counsel have been unable to provide a legal or factual evidence-based argument to counteract my allegations that the “medical review” was and is misrepresented, not in adherence with applicable law, regulation and industry standards.

To recap the factual events:

1. On or around December 2019, I began experiencing panic attacks. They occurred at the Agency building and on a plane. **See pages 197-198 of August 22-24, 2022 Reply to proposed suspension PDF and ROI for my last EEO complaint.**
2. On or around February 2020, I sent a reasonable accommodation (“RA”) request to the Agency’s RA accommodations office. **See attached August 22-24, 2022 Reply to proposed suspension.**

3. I began experiencing a remission in panic attack symptoms after being on 100% telework due to the pandemic, beginning on or around March 10, 2020. **See doctor's progress note at page 208 of August 22-24, 2022 Reply to proposed suspension PDF.**
4. On April 24, 2020, the Agency denied my RA request, arguing an unnamed FOH physician's medical review determined I didn't qualify. The "medical review" contradicted the progress notes of my psychiatrist and blamed my personality and perceptions. Its conclusions did not consider any medical evidence. It characterized my RA request as "perceived harassment". **See pages 207-209 and 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
5. The Agency's denial of the RA did not consider evidence of my performance abilities nor the fact that telework had proven to be an effective accommodation. **See 2019 and 2020 PMAP ratings at pages 19-62 of August 22-24, 2022 Reply to proposal suspension PDF and number 4 above.**
6. An expanded misrepresented "medical review" was introduced during the administrative discovery process. **See pages 204-206 and 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
7. The responsible physician, FOH, and Agency FOIA office were unable to furnish any medical records upon request. **See attachment titles "2-24-2021 email..." hyperlinked on page 181 of August 22-24, 2022 Reply to proposed suspension PDF.**
8. Upon challenging its legitimacy, the Agency withdrew the physician as a witness for the August 2021 EEOC Hearing. **See attached July 14, 2021 AJ's Memorandum and pages 172-179 of August 22-24, 2022 Reply to proposed suspension PDF.**
9. The Agency's RA Accessibility Specialist later testified that panic attacks are a medical condition that the Agency is required to accommodate, regardless of how they were caused. **See attached August 27, 2021 EEOC Hearing testimony of Elizabeth Pinkard-Adams.**
10. On July 20, 2020, my first-level supervisor, Carolyn Nganga-Good, learned I had reasonable accommodation needs that had previously been wrongly denied. **See attached July 20, 2020 email titled "7-20-2020 Midyear PMAP Discussion..." between Claudia Rausch and Carolyn Nganga-Good.**
11. The same day, Ms. Nganga-Good agreed in writing to *"accommodate and be flexible with any accommodation requests that are within reason as long as work deliverables are not negatively impacted"*. **See attached July 20, 2020 email titled "7-20-2020 Midyear PMAP Discussion..." between Claudia Rausch and Carolyn Nganga-Good.**
12. Ms. Nganga-Good later became aware the reasonable accommodation needs were partially due to panic attacks, PTSD symptoms and medication side effects on October 28, 2020 and December 26, 2020. **See highlights on attached December 26, 2020 email titled "12-26-2020 email to CNG re: dispute cases" between Claudia Rausch and Carolyn Nganga-Good.**
13. On April 27, 2021 and August 24, 2022, Ms. Nganga-Good became aware that the reasonable accommodations I was in need of, and had previously requested included RA based leave, telework, and schedule flexibilities such as late arrivals. **See April 27, 2021 email on pages 180-195 of August 22-24, 2022 reply to proposed suspension, and hyperlinked attachments on page 181 of August 22-24, 2022 reply to proposed suspension.**
14. During most of 2020 and all of 2021, the Agency was on 100% telework due to the pandemic. As my PMAP rating official, Ms. Nganga-Good rated my performance as "Achieved More Than Expected Results". **See attached 2021 PMAP rating and 2020 PMAP on pages 19-44 of August 22-24, 2022 reply to proposed suspension.**
15. On August 27, 2021, Ms. Nganga-Good testified during the EEOC Hearing:

- a. *“There’s usually flexibility”* in managing deadlines for disputes resolution cases and described the goal deadlines as *“general metrics”* that *“sometimes --- goes beyond, you know, six months”*. **See attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
 - b. She was aware of and recalls that I brought up a *“medical condition”* and a *“reasonable accommodation request”*. **See attached Nganga-Good testimony labeled Pg. 336 in upper right hand corner.**
16. On August 24, 2022, Ms. Nganga-Good became aware that telework was an effective accommodation for my panic attack symptoms, through the reply I provided to the July 20, 2022 proposed suspension memorandum. **See doctor’s March 20, 2020 note of “remission in symptoms of panic attacks ever since she has been working from home after the coronavirus outbreak” on page 202 of PDF attached to August 24, 2022 email “8-22-2022 Reply and attachmentsSIGNED”.**

b. Rehabilitation Act and Applicable EEOC Law and Regulations

As I understand the Equal Employment Opportunity Commission (“EEOC”)’s Directives, subjecting an employee with RA needs to different leave procedures, violates the ADA and Rehabilitation Act. See EEOC Enforcement Guidance on Employer-Provided Leave and the Americans with Disabilities Act, OLC Control No. EEOC-NVTA-2016-1. Additionally, the EEOC requires an employer to consider providing unpaid leave so long as it does not create undue hardship for the employer. This applies even when an employee is not “eligible for leave” under employer leave policies or when an employee has exhausted leave benefits. According to the EEOC, an employer cannot legally enforce maximum leave policies or limitations on unplanned absences, on an employee who needs to use RA based leave - unless the employer can prove it would result in undue hardship.

Or does the referenced EEOC Guidance above, on Employer-Provided Leave and the Americans with Disabilities Act not apply to HRSA and your September 21, 2022 Notice?

The EEOC also requires employers who offer telework to allow employees with a disability an equal opportunity to use telework as well as waive eligibility requirements for telework to accommodate disabilities. See EEOC Guidance on Work at Home/Telework as a Reasonable Accommodation, OLC Control No: EEOC-NVTA-2003-1. According to the EEOC, *“An employer may not withdraw a telework agreement or modified schedule”* that is used as a reasonable accommodation because of unsatisfactory performance. I have in fact been using telework and my AWS as a reasonable accommodation. As I understand EEOC Enforcement Guidance, the Agency’s prior decisions on my RA requests have no bearing on the fact that I have used these workplace flexibilities as a reasonable accommodation and that I am entitled to use reasonable accommodations under the Rehabilitation Act. Per the EEOC, an employer who failed to grant a reasonable accommodation that did not constitute undue hardship, may not discipline an employee who has performance issues that resulted from the lack of an accommodation. See the EEOC’s September 3, 2008 Guidance on Applying Performance and Conduct Standards to Employees with Disabilities. This year, you have attempted to reduce all workplace flexibilities that I’ve used as reasonable accommodations. Accordingly, I don’t see how any alleged performance issues this year, if any, are not related to either reprisal or an unlawful removal of a reasonable accommodation I’m entitled to use under federal law.

Or does the EEOC’s position referenced above on applying performance and conduct standards to employees with disabilities, not apply to HRSA?

In your September 21, 2022 Notice, you make reference to previously issued memorandums by you dated April 19, 2022 and May 23, 2022, where you assert that *“In the event [you] believe [I] may be requesting leave inappropriately, [you] may request acceptable documentation before [you] approve leave”*. However, you have not once insisted on receiving additional documentation before approving leave after your April 19, 2022 and May 23, 2022 notices. This indicated to me that the documentation you have which is summarized in the factual background above, concerning my reasonable accommodation needs is sufficient. Furthermore, I don’t believe EEOC’s Enforcement

Guidance even allows an employer to request additional medical documentation, after they have already been provided with initial documentation in support of a reasonable accommodation. But please, feel free to correct me if I'm wrong.

In conclusion, I'm inclined to believe that your September 21, 2022 Notice is a deliberate attempt to retaliate by interfering with my rights to a reasonable accommodation under the Rehabilitation Act. Your September 21, 2022 Notice also asserts that you do not plan to approve Leave Without Pay ("LWOP") except as necessary by rule of law. However, the Agency's reasonable accommodation accessibility specialist testified during the August 27, 2021 EEOC Hearing that the Agency approves LWOP all the time for employees who have little to no leave and need reasonable accommodations. ***See Ms. Pinkard-Adams' testimony attached.*** Subsequently, I believe this further evidences the retaliatory intent of your September 21, 2022 Notice.

IV. ABSENT RETALIATION, LEAVE RESTRICTIONS AND SUSPENSIONS OF AWS/TELEWORK STILL LACKS LEGAL AUTHORITY.

PER FEDERAL LAW, EXCLUSION OF SCHEDULE FLEXIBILITIES MUST BE DUE TO DISRUPTION OF AGENCY FUNCTIONS OR ADVERSE AGENCY IMPACT

As I understand applicable law, even if the above facts and laws do not deem the September 21, 2022 Notice to constitute unlawful retaliation, the Notice's restrictions still remain unsupported by laws governing the federal service.

According to federal law pursuant to Title Five of the United States Code, an Agency may only (1) "restrict the employees' choice of arrival and departure time" and/or (3) "exclude from such program **any employee** or group of employees" if the agency is "is being substantially disrupted in carrying out its functions or is incurring additional costs because of such participation." See [5 U.S.C. §6122 \(b\)](#). This is also emphasized under [5 U.S.C. §6131 \(a\)\(2\)](#), which provides that the only time an Agency may determine not to continue a "particular flexible or compressed schedule" is if and when the "head of the agency" finds that such a schedule would have "adverse agency impact" such as (b) (1) "a reduction of the productivity of the agency; (2) a diminished level of services furnished to the public by the agency; or (3) an increase in the cost of agency operations." See [5 U.S.C. §6131 a-b](#).

Do these federal laws not apply to HRSA and your September 21, 2022 Notice? Because nowhere in your notice, did you reference or specify ways that my leave usage has disrupted the Agency's functions, resulted in increased costs or an adverse agency impact. The Notice briefly asserted that my "frequent pattern of unscheduled absences have resulted in a negative impact for the team" but did not specify any incidents in which the team was affected or how the team was negatively affected. **Can you please clarify and specify when and how the team has been negatively impacted by my absences? And how it amounted to substantial disruption on Agency functions and an adverse agency impact? What factual evidence supports these allegations? Does HRSA not have to support its personnel actions with factual evidence?**

V. PER FEDERAL REGULATIONS, LIMITATIONS ON SICK LEAVE USAGE ONLY APPLY TO FAMILY CARE AND BEREAVEMENT

Your September 21, 2022 Notice attempts to use "low leave balances" to justify a leave restriction. However, these are no applicable laws, regulation, or policies that require federal employees to maintain a minimum leave balance. **Are there?** OPM federal regulations under [5 C.F.R. § 630.401 b-d](#) only place limitations on the maximum amount of hours of sick leave that can be used annually, on matters related to providing care for a family member or planning funeral arrangements. _

Do OPM regulation not apply to HRSA?

VI. JUSTIFICATION OF EXCESSIVE LEAVE USAGE AND POTENTIAL IMPACT TO AGENCY IS UNSUPPORTED BY FACTS AND HISTORICAL DATA

Your September 21, 2022 notice attempts to support nonfactual allegations and assert that "...in 2022, [I] have used unanticipated leave with little to no notice in almost every pay period". However, my leave usage pattern is no different

or poorer than prior years, all which resulted in “Achieved More Than Expected Results”. ITAS records evidence that I have only used unanticipated leave in 10 out of 20 pay periods in year 2022. ***See attached ITAS Administrative Leave records for Years 2015-2022.*** In fact, I used more unanticipated leave during the first 8 months of last year (98.25 sick leave hours by August 28, 2021), than I have this year (87.25 SL hours by Sept. 10, 2022), and I still surpassed performance expectations in the year 2021. ***See attached ITAS Administrative Leave Record for Year 2021 and 2021 PMAP End of Year Appraisal Score of 3.80, Level 4 of “Achieved More Than Expected Results”.*** As my 2021 supervisor and rating official, you even rated me at a Level 4 for Critical Element II, BHW Collaboration which pertains to “teamwork”. You gave me this rating in 2021 all while I was on 100% telework and used more unanticipated leave in 2021 than this year in 2022.

In fact, ITAS and PMAP records for all prior years, 2015 to 2021, evidence that I’ve routinely used an equal amount of unanticipated leave each year at HRSA, sometimes more, while still surpassing performance expectations each year. See ***attached 2021 PMAP rating and PMAP ratings for years 2016-2020 at pages 19-107 of August 22-24, 2022 Reply to proposed suspension.*** Accordingly, I don’t understand how one could reasonably conclude that my unanticipated absences this year would negatively impact the team, disrupt Agency functions, or have an adverse impact on the Agency. **Can you please tell me? Can you please tell me what has changed from last year to this year?** Because the only thing I’m aware of, that has changed in our employee-supervisor relationship from last year to this year is that I now have a new EEO complaint pending against you and the Agency, with 35 plus claims on it, nine which identify you as the responsible management official. That and my whistleblowing activity of fraud, electronic surveillance and interference with my previous EEO activity; all which you’ve been made aware of through previous emails as cited above.

Or am I mistaken? Has something else changed in our employee-supervisor relationship from last year to this year? That has enticed you to take so many personnel actions against me?

VII. THERE ARE NO LAWS, REGULATION, OR POLICIES THAT FORBID THE USE OF LEAVE ON SCHEDULED IN-OFFICE DAYS. NOR WERE ANY SUCH REQUIREMENTS COMMUNICATED

Your September 21, 2022 Notice goes on to assert that you are concerned with the timing of my leave requests as they often coincide with days I’m required to report into the office. As explained above, I have used leave as a reasonable accommodation and to avoid potential danger and irreparable harm. There are no laws, regulations, rules, Agency policies, Division policies, or requirements that say we cannot request leave on a scheduled in-office day. **Are there? And if so, why was this not communicated at the start of establishing our telework agreements?** In fact, you approved my in-office days of the first Monday of the pay period and the last Friday of the pay period – days in which hardly anyone is in the office. These are also days that Federal Holidays routinely land on. **If this was an issue, why weren’t employees kept from requesting Monday as an in-office day, when federal holidays routinely land on Mondays?** Accordingly, I don’t understand how absences on these days negatively impacts any Agency operations or “team” activity, since hardly anyone is in on these days.

I look forward to any clarification you can provide.

Your time and attention to this matter is greatly appreciated.

Respectfully,

Claudia Rausch
Management Analyst
Policy and Disputes Branch
[National Practitioner Data Bank](#)
HHS | HRSA | Bureau of Health Workforce (BHW)
☎: 301-945-3059 | ✉: clausch@hrsa.gov

BE INNOVATIVE. HAVE ACCOUNTABILITY. WORK COLLABORATIVELY.

From: Nganga-Good, Carolyn (HRSA) <cnganga-good@hrsa.gov>
Sent: Monday, October 3, 2022 3:20 PM
To: Rausch, Claudia (HRSA) <CRausch@hrsa.gov>
Subject: Work Status
Importance: High

Hi Claudia,

I am following up on your work status and whereabouts as you have not been seen on site at the Parklawn Building on 9/28, 9/30, and today, 10/3 and I have not received any leave requests from you. You were instructed that you have to be onsite starting Wednesday 9/28/2022 per the Leave Restriction Notice that you were issued on 9/21/2022 and the subsequent follow-up emails. Please advise no later than **COB today** about your work status for today and your whereabouts.

Best,

Carolyn

Carolyn Nganga-Good, DrPH, RN, CPH
Chief, Policy and Disputes Branch
Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
5600 Fishers Lane, Rockville, MD 20857
Phone: 301-443-2251
Email: cnganga-good@hrsa.gov
[HRSA/National Practitioner Data Bank](#)



Administrative Time and Leave Record of Rausch, Claudia M. for Leave Year 2022

SAC Code: HHS /RQ7										ADMINISTRATIVE TIME AND LEAVE RECORD																														Year: 2022				
Name: Rausch, Claudia M										Social Security Number: XXX-XX-XXXX										SCD: Jul 6 2010 Leave Cat: 06 MAX C/O: 240					Timekeeper: Gaskill, Sheena D					Supervisor: Nganga-Good, Carolyn														
Tour: 80 hours										Donated Leave		Annual Carried Over: 101.5			Sick Carried Over: 19.25			AWOL/LWOP		Credit Hours			Comp. Time			Comp. Time For Travel			PART-TIME															
Leave Period		SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	ND PP	OT PP	AL	RAL	E	U	BAL	E	U	BAL	AWOL PP	LWOP PP	E	U	BAL	E	U	BAL	E	U	BAL	Hrs Wrkd PP	AL C/O Hrs	SL C/O Hrs	Pay Period				
1	Jan 2 ~ Jan 15		AL - 8	AL - 8	AL - 8	AL - 8	AL - 8			AL - 8										6	48	59.5	4		23.25												0			2				
2	Jan 16 ~ Jan 29		HOL - 8																	6		65.5	4		27.25												0			3				
3	Jan 30 ~ Feb 12		SL - 8																	6		71.5	4	8	23.25												0			4				
4	Feb 13 ~ Feb 26					SL - 8	SL - 8			HOL - 8		M								6	0.75	76.75	4	23.25	4												0			5				
5	Feb 27 ~ Mar 12													M						6	4	78.75	4	4	4											0			6					
6	Mar 13 ~ Mar 26		AL - 8	AL - 8	AL - 8	AL - 8	AL - 8			AL - 8										6	48	36.75	4		8												0			7				
7	Mar 27 ~ Apr 9																			6		42.75	4		12												0			8				
8	Apr 10 ~ Apr 23				SL - 8	M														6		48.75	4	12	4												0			9				
9	Apr 24 ~ May 7										M	TIA - 8								6		54.75	4	4	4												0			10				
10	May 8 ~ May 21						SL - 3			AL - 3.5	AL - 4.5									6	8	52.75	4	3	5												0			11				
11	May 22 ~ Jun 4									HOL - 8										6		58.75	4		9												0			12				
12	Jun 5 ~ Jun 18					SL - 4								M						6	3	61.75	4	9	4												0			13				
13	Jun 19 ~ Jul 2		HOL - 8											AL - 8						6	8	59.75	4		8												0			14				
14	Jul 3 ~ Jul 16		HOL - 8	AL - 8	AL - 8	TIA - 8	TIA - 8			AL - 8										6	24	41.75	4		12												0			15				
15	Jul 17 ~ Jul 30												SL - 8							6		47.75	4	8	16												0			16				
16	Jul 31 ~ Aug 13		SL - 8											AL - 8						6	8	45.75	4	8	4												0			17				
17	Aug 14 ~ Aug 27		AL - 8							AL - 8	AL - 8									6	24	27.75	4		8												0			18				
18	Aug 28 ~ Sep 10		SUSP - 8	SUSP - 8	SUSP - 8	SUSP - 8	SUSP - 8			HOL - 8			SL - 8							6		33.75	4	8	4												0			19				
19	Sep 11 ~ Sep 24		AL - 8																	6	8	31.75	4		8												0			20				
20	Sep 25 ~ Oct 8				AWOL - 2	AWOL - 8							AL - 8							6	8	29.75	4		4	10											0			21				
21	Oct 9 ~ Oct 22		HOL - 8										AL - 2							6	2	33.75	4		8												0			22				
22	Oct 23 ~ Nov 5													AWOL - 8						6		39.75	4		12	8											0			23				
23	Nov 6 ~ Nov 19		AWOL - 8							HOL - 8				AL - 8						6	8	37.75	4		8	8											0			24				
24	Nov 20 ~ Dec 3		AL - 8	AL - 8		HOL - 8														6	16	21.75	4		24												0			25				
25	Dec 4 ~ Dec 17																																							26				
26	Dec 18 ~ Dec 31									HOL - 8																													1					
Used To Date																					217.75		87.25																					

AL - Annual
COP - COP for Traumatic Injury Used
SL - Sick
SUSP - Suspended Hours
HOL - Holiday
CRT - Court
CH - Credit Hours Used
VLTP - VLTP Used
FL - Military Funeral Leave Used
FURO - Furlough-Other
MIL - Regular Military Leave Used
MILS - Special Military Leave Used
DVL - Disabled Veteran Leave Used
SRAL - NDAA-1111 Leave Used

VL - Voting Leave Used
AWOL - Absent Without Leave
CT - Comp. Time Used
ADM - Excused Absence
LWOP - Leave Without Pay
ASL - Advanced Sick Leave Used
TIA - Time-off Incentive Award Used
FFL - Family Friendly Leave Used
FURL - Furlough-Lapsed Appropriations
HO - Home Leave Used
MILP - Military Parades & Encamp. Used
RAL - Restored Annual Leave Used
LB - Leave Bank Used
TRAL - Emgy Restored AL Used

M - Multiple Leaves

Note: Annual Leave earned each pay period depends on your length of service:	Less than 3 years.....4hrs. 3 - 15 years.....6hrs. (10hrs. in last pay period) 15 years and over.....8hrs.
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About HRSA

Tens of millions of Americans receive quality, affordable health care and other services through HRSA's 90-plus programs and more than 3,000 grantees.

HRSA programs provide equitable health care to people who are geographically isolated and economically or medically vulnerable. This includes programs that deliver health services to people with HIV, pregnant people, mothers and their families, those with low incomes, residents of rural areas, American Indians and Alaska Natives, and those otherwise unable to access high-quality health care. HRSA programs also support health infrastructure, including through training of health professionals and distributing them to areas where they are needed most, providing financial support to health care providers, and advancing telehealth. In addition, HRSA oversees programs for providing discounts on prescription drugs to safety net providers, facilitating organ, bone marrow, and cord blood transplantation, compensating individuals injured by vaccination, and maintaining data on health care malpractice payments.

Vision

Healthy Communities, Healthy People

Mission

To improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs.

Goals

Goal 1: Take actionable steps to achieve health equity and improve public health

Goal 2: Improve access to quality health services

Goal 3: Foster a health workforce and health infrastructure able to address current and emerging needs

Goal 4: Optimize HRSA operations and strengthen program engagement

Past Reports

- [Strategic Plan FY 2019-2022](#) ([Download](#) (PDF - 564 KB))

HRSA Facts

Administrator

Carole Johnson

Headquarters

5600 Fishers Lane
Rockville, MD 20857

Staff

HRSA on board employment as of September 30, 2021 2,424

Funding

Annual appropriations of \$13.3 billion in FY 2022

Department

HRSA is an agency of the U.S. Department of Health and Human Services

Date Last Reviewed: November 2021

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About-BHW



General Information

The Bureau of Health Workforce (BHW) improves the health of the nation's underserved communities and vulnerable populations by developing, implementing, evaluating, and refining programs that strengthen the nation's health care workforce.

- **Organizational Chart**
- **BHW News**



Office of the Associate Administrator (OAA)

The Office of the Associate Administrator provides overall leadership, direction, coordination, and planning in support of the BHW's programs designed to help meet the health professions workforce needs of the nation and improve the health of the nation's underserved communities and vulnerable populations.



Executive Office (EO)

The Executive Office collaborates with BHW leadership to plan, coordinate, and direct bureau-wide administrative management activities.

The Executive Office collaborates with BHW leadership to plan, coordinate, and direct bureau-wide administrative management activities.



Division of Business Operations (DBO)

The Division of Business Operations serves as the focal point for the bureau's data management systems, reports, data analysis, and automation of business processes to support the administration of BHW programs.

- The Data Resources Branch (DRB)
- The Systems Development Branch (SDB)
- The Technical Services Branch (TSB)



Division of External Affairs (DEA)

The Division of External Affairs provides communication and public affairs expertise to the bureau and serves as the focal point for the development of all external communication as well as dissemination of public information and promotional materials in support of the bureau's programs and activities.



Division of Health Careers and Financial Support (DHCFS)

DHCFS serves as the point of contact for responding to inquiries; disseminating program information; providing technical assistance; administering grants, developing appropriate policies and procedures; and processing applications and awards pertaining to health workforce scholarship, loan, loan repayment, and pipeline development programs.



Division of Medical and Dentistry (DMD)

The Division of Medicine and Dentistry serves as the bureau's lead for the program administration and oversight of medical and dental programs.



Division of National Health Service Corps (DNHSC)

The Division of National Health Service Corps serves as the point of contact for responding to inquiries, disseminating program information, providing technical assistance, and processing applications and awards pertaining to the NHSC scholarship and loan repayment programs.

National Health Service Corps



Division of Nursing and Public Health (DNPH)

The Division of Nursing and Public Health serves as the bureau's lead for the administration and oversight of nursing, behavioral and public health programs.



Division of Practitioner Data Bank (DPDB)

The Division of Practitioner Data Bank coordinates with the department and other federal entities, state licensing boards, national, state, and local professional organizations, to promote quality assurance efforts and deter fraud and abuse by administering the National Practitioner Data Bank.

National Practitioner Data Bank



Division of Participant Support and Compliance (DPSC)

The DPSC serves as the organizational focal point for the bureau's centralized, comprehensive customer service function to support individual program participants. The Division provides regular and ongoing communication, technical assistance, and support to program participants through the period of obligated service and closeout.



Division of Policy and Shortage Designation (DPSD)

The Division of Policy and Shortage Designation serves as the focal point for the development of the BHW programs and policies.



Division of Regional Operations (DRO)

The Division of Regional Operations serves as the regional component of BHW, cutting across divisions and working with the bureau programs that fund participants to serve in Health Professions Shortage Areas.



National Center for Health Workforce Analysis (NCHWA)

The National Center for Health Workforce Analysis is the focal point for the coordination and management of the bureau's health

The National Center for Health Workforce Analysis is the focal point for the coordination and management of the Bureau's health professions workforce data collection, analysis, and evaluation efforts.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Resources and Services Administration

Bureau of Health Workforce
Division of Practitioner Data Bank
5600 Fishers Lane
Rockville, MD 20857

Memorandum
Method of Delivery: Email

AT YOUR OWN OPTION, YOU MAY FURNISH THIS NOTICE TO NTEU

Date: August 25, 2022

To: Claudia Rausch
Management Analyst

Subject: Decision on Proposed Suspension- Seven (7) Days

From: Melissa Moore
Deputy Division Director,
Division of Practitioner Data Bank, BHW

On July 20, 2022, Carolyn Nganga-Good, Policy and Disputes Branch Chief, issued you a proposal notice to suspend you from duty without pay from your position of Management Analyst, GS 0343-13 at the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), in Rockville, Maryland, for a period of seven (7) calendar days for the charges of: 1) Disrespectful Comments towards Supervisor(s) and 2) Failure to Follow Instructions. In the proposal, you were advised of your right to reply to the charges orally and/or in writing, and your right to representation.

I have carefully reviewed the proposal and all the material which formed the basis for the proposal, which was also available for your review, and have given full consideration to the evidence of record. You requested an extension to submit your reply, which was granted. However, I did not receive any reply by the deadline of noon Eastern Time on August 22, 2022 and you did not request any additional extension. On August 24, 2022, you sent me an email with your written reply attached; your reply was untimely. However, in good faith I did review your reply and have included it as part of my consideration. I find the charges and specifications, stated in the proposal are sustained and I have relied on them in making my decision. Further, it is my conclusion

that the sustained charges and specifications fully warrant your suspension as proposed.

Therefore, it is my decision that, in order to promote the efficiency of the service, you will be suspended from duty without pay for a period of seven (7) calendar days. You will serve your suspension from August 29, 2022 through September 4, 2022. You are not to report to your official duty station at any time during this period, or perform any work, and you must return to work on September 6, 2022 (September 5, 2022 is a federal holiday) ready, willing and able to perform your assigned duties. You will be continued in an active duty status at your present grade and salary until the effective date of this suspension. This action is being taken under the provisions of Title 5, Code of Federal Regulations, Part 752, and the terms of applicable sections of the NTEU Collective Bargaining Agreement (CBA).

My analysis and conclusion concerning the specific charges and specifications in the proposal notice follow.

Charge 1 Disrespectful Comments towards Supervisor(s)

Specifications 1, & 2: I find that the evidence supports that you engaged in Disrespectful Comments towards Supervisor(s) on April 25, 2022. In your August 24, 2022 reply, you apologized for your misconduct; however, you continued, in your reply, to defend your actions as appropriate given the circumstances. I find that your behavior as noted in the proposal was disrespectful and your rationale for committing the misconduct was not acceptable. Therefore, I find this specification is supported by a preponderance of the evidence and I have decided to sustain these specifications.

Specification 3: I find that the evidence supports that you engaged in Disrespectful Comments towards Supervisor(s) on June 1, 2022. In your August 24, 2022 reply, you apologized for your misconduct; however, you continued, in your reply, to defend your actions as appropriate given the circumstances. I find that your behavior as noted in the proposal was disrespectful and your rationale for committing the misconduct was not acceptable. Therefore, I find this specification is supported by a preponderance of the evidence and I have decided to sustain this specification.

Specifications 4 & 5: I find that the evidence supports that you engaged in Disrespectful Comments towards Supervisor(s) on June 16, 2022. In your August 24, 2022 reply, you apologized for your misconduct; however, you continued, in your reply, to defend your actions as appropriate given the circumstances. I find that your behavior as noted in the proposal was disrespectful and your rationale for committing the misconduct was not acceptable. Therefore, I find this specification is supported by a preponderance of the evidence and I have decided to sustain these specifications.

Accordingly, based on the specifications I have sustained as noted above, I find a preponderance of evidence supports a conclusion that you committed the charge of

Disrespectful Comments towards Supervisor(s), and I have decided to sustain this charge.

Charge 2 Failure to Follow Instructions

Specification 1: I find that the evidence supports that you engaged in Failure to Follow Instructions on April 13, 2022. In your August 24, 2022 reply, you apologized for your misconduct; however, you continued, in your reply, to defend your actions as appropriate given the circumstances. I find that you failed to follow instructions as noted in the proposal and your rationale for committing the misconduct was not acceptable. Therefore, I find this specification is supported by a preponderance of the evidence and I have decided to sustain this specification.

Specification 2: I find that the evidence supports that you engaged in Failure to Follow Instructions on May 23, 2022. In your August 24, 2022 reply, you apologized for your misconduct; however, you continued, in your reply, to defend your actions as appropriate given the circumstances. I find that you failed to follow instructions as noted in the proposal and your rationale for committing the misconduct was not acceptable. Therefore, I find this specification is supported by a preponderance of the evidence and I have decided to sustain this specification.

Specification 3: I find that the evidence supports that you engaged in Failure to Follow Instructions on June 6, 2022. In your August 24, 2022 reply, you apologized for your misconduct; however, you continued, in your reply, to defend your actions as appropriate given the circumstances. I find that you failed to follow instructions as noted in the proposal and your rationale for committing the misconduct was not acceptable. Therefore, I find this specification is supported by a preponderance of the evidence and I have decided to sustain this specification.

Accordingly, based on the specifications I have sustained as noted above, I find a preponderance of evidence supports a conclusion that you committed the charge of Failure to Follow Instructions, and I have decided to sustain this charge.

Penalty Considerations

In deciding to effect this action, I considered several factors.

I reviewed and concur with the proposing official's penalty considerations.

Additionally, I considered the nature and seriousness of the offense, and its relation to your duties, position and responsibilities. As a GS-13 Management Analyst in the Policy and Disputes Branch, you are responsible for demonstrating professionalism and providing timely, responsive, and respectful customer service that conform to HHS policies and general professional etiquette to all internal and external customers in order to fulfill the Agency's mission. You are also expected to use appropriate judgement in communicating sensitive information and to maintain credibility with internal and

external customers to earn their trust and respect. Your conduct as noted above is concerning and impacts our working relationship and performance of our work duties.

I considered your misconduct as noted above and that it impacts my level of confidence that you will conduct yourself professionally when interacting with internal and external customers, particularly when you do not agree with them, and the impact it may have in fulfilling the Agency's mission.

Furthermore, your allegations of threats to your life based on team building events and routine requests to follow instructions and agency protocols are very serious and could negatively impact the accused.

In your August 24, 2022, written reply, you state that "none of the specifications are based on actual duties contained within the responsibilities of my position." Your comment that acting respectfully and following supervisor instructions is not a requirement in your position is unacceptable as well as concerning. All federal employees are expected to act appropriately when completing their work for HRSA's mission. The fact that you were not interacting with customers is irrelevant and you had been warned previously.

I considered your disrespectful comments towards your supervisors and that it affects your working relationship and causes discord between you and your supervisors as well as others in the Agency. In addition, your failure to follow instructions for the proper refresh and return of your HRSA laptop expended several hours from numerous HRSA staff, to include several staff in the OIT office. The number of times you have been counseled on these issues takes away from the time we need to complete other Agency-related work. I considered the nature of your disrespectful, and unprofessional comments as well as your repeated failure to follow instructions as serious.

I considered the clarity with which you were on notice of the rules that were violated in committing the offense of your disrespectful communications and failure to follow instructions. In your written reply, dated August 24, 2022, you outline that you were unaware that your comments were disrespectful; however, I find that you were provided several expectations from management outlining that your communications were not acceptable. You were issued a counseling memorandum, from your supervisor, on April 19, 2022, which clearly stated, "You responded to my message on April 6th via email outlining your reasons for not completing the assignment which I find unacceptable. In addition to your attempt to rationalize the failure to follow my instructions and negligence in performing this task, you ultimately did not follow my instructions to complete the task by the second deadline of April 6th. Your failure to follow my instructions, lack of urgency in getting your work assignment completed on time, and disregard for the practitioners' plight to get their dispute cases resolved as fast as possible is both concerning and unacceptable. You need to improve on this with immediate effect... Your behavior with regards to failing to follow my instructions is disruptive and inappropriate." This notice also outlined expectations that, "You are

required to follow all supervisory instructions and must conduct yourself in a respectful manner toward your supervisor, coworkers and customers... You are expected to adhere to the HHS Standards of Conduct". You were also put on notice via email by your previous supervisor Matthew Wiley in November 2019, that, "This is not the first time you have made an inappropriate comment towards me as your supervisor... your communications towards me, and all internal and external staff, will be professional and respectful. You are expected to follow the HHS Standard of Conduct (which can be found on here - [OHR Link](#)) in regards to your conduct while in the office." Despite these notices and warnings, you sent several comments to your supervisors that were completely unacceptable, displayed a level of disrespect that is inappropriate in the Federal workplace, and contravened the HHS Standards of Conduct. I considered the numerous notices you received that you must follow instructions to refresh your HRSA-issued laptop and then return your old HRSA laptop and the gravity of your continued refusal to comply. These notices were clear yet you continued with noncompliance. I considered this factor particularly aggravating and a poor use of our time.

I considered mitigating factors related to the offenses outlined above. I considered your length in service as well as your positive performance record in the Federal government. I considered the fact that you apologized for your actions; however, you then continued to defend your actions as proper which shows a lack of remorse. Additionally, I considered the personal stress you outlined in your communications outlined above, as well as the stressors you outlined in your written reply. However, these mitigating factors do not outweigh the gravity of your actions.

I considered the effect your misconduct has upon my confidence in your ability to perform assigned duties. I have lost confidence in your ability to communicate respectfully towards myself and your other supervisors as well as in your ability to follow instructions. I expect to be able to communicate with a GS-13 Analyst with a high level of professionalism and to give an instruction once with compliance. Instead, management spends inordinate time providing you instructions and expectations on refraining from inappropriate communications to no avail. Additionally, you failed to follow the instructions on a routine action, which to date has not been completed. The consequence of your disrespectful comments and failure to follow instructions, is that DPDB is constantly disrupted and I am not able to focus on urgent tasks that are necessary for the Division to support BHW's mission.

I am proposing this action based on evidence and to promote the efficiency of the service. The HHS table of penalties for a first offense of disrespectful comments towards supervisor and failure to follow instructions, is a letter of reprimand to removal. In imposing this lesser disciplinary penalty, I considered the number of charges and mitigating circumstances and I believe a 7 day suspension is appropriate.

This misconduct is unacceptable and will not be condoned or tolerated.

You are hereby notified that any further misconduct will result in more severe disciplinary action being taken against you, up to and including your removal from the Federal service.

Rights

You may challenge this action in one of the following ways: through the negotiated grievance procedures of the HHS-NTEU Collective Bargaining Agreement [SharePoint link](#); through a formal complaint of discrimination filed under the administrative EEO process [SharePoint link](#) ; or an appealable action involving a prohibited personnel practice filed with the MSPB <https://www.mspb.gov/> , to the extent allowable by law. If you elect to file a grievance, the grievance must be filed, in writing within 30 calendar days from the effective date of this action at Step 3. Your right to representation, as outlined in the proposal notice, remains the same.

Your grievance must be directed to:

David Loewenstein
Division Director
DLoewenstein@hrsa.gov
Office: 301-443-8263

If you have any questions concerning this notice, please contact Kelli Lee, Labor and Employee Relations Specialist, at 301-443-4622, or Klee@hrsa.gov, during normal business hours.

You may wish to contact the Employee Assistance Program (EAP). Use of EAP services is voluntary, free, and confidential. The EAP can assist you with a variety of situations. You can contact them on 1-800-222-0364. They are a consultative service that is solution-focused, offering tools and strategies, referrals, and someone to talk it through.

The EAP counselors will not share information with me unless you sign a release of information. Otherwise, the EAP counselors will only confirm that you attended a meeting with them so I can account for your attendance during work hours.

Your supervisor can approve duty time for you to attend EAP sessions up to an hour for each of six sessions (per issue). Please see your supervisor if you would like to request duty time to attend an EAP appointment. If you go to EAP on your own time, you are not required to notify your supervisor.

Melissa Moore

Receipt Acknowledgment

To acknowledge that you have received this notice, please sign and date in the space below. Your signature does not mean that you agree or disagree with this notice and, by signing you will not forfeit any rights to which you are entitled. Your failure to sign will not void the contents of this memorandum.

I acknowledge receipt of this memorandum:

Employee Refused to Sign (8/25/2022)

Claudia Rausch

Date



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Resources and Services Administration

Bureau of Health Workforce
Division of Practitioner Data Bank
5600 Fishers Lane
Rockville, MD 20857

Memorandum

Method of Delivery: Email

AT YOUR OWN OPTION, YOU MAY FURNISH THIS NOTICE TO NTEU

Date: July 20, 2022

To: Claudia Rausch
Management Analyst

Subject: Proposed Suspension – 7 Days

From: Carolyn Nganga-Good
Policy and Disputes Branch Chief,
Division of Practitioner Data Bank, BHW

This is a proposal to suspend you from duty and pay for seven (7) calendar days from your position of Management Analyst, GS 0343-13 at the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), in Rockville, Maryland, no sooner than 15 days from the date of your receipt of this notice. This action is being initiated under the provisions of Title 5, Code of Federal Regulations, Part 752, and the terms of applicable sections of the NTEU Collective Bargaining Agreement (CBA). You will be allowed an opportunity to respond to this proposal orally and/or in writing, before a final decision is made. You will remain in an active duty status during the proposal period. This proposal is necessary for your offenses of: 1) Disrespectful Comments towards Supervisor(s) and 2) Failure to Follow Instructions. The following facts support these charges:

Charge 1: Disrespectful Comments towards Supervisors

Background to Specification 1 and 2: On April 25, 2022, you sent an email communication to myself; Melissa Moore, Deputy Division Director for the National Practitioner Data Bank; David Loewenstein, Division Director for the National Practitioner

Data Bank; Manjot Sigh, Deputy Director of the Division of Business Operations; Dr. Luis Padilla, Associate Administrator for the Bureau of Health Workforce; Anthony Archeval, Director of the Office of Civil Rights, Diversity and Inclusion; Cathy Ganey, Director of the Office of Human Resources; Dale Colbert, Deputy Director of the Office of Human Resources; Shontae Ali, Director of the Division of HR Operations; Wendy Kadingo, Director of the Division of Workforce Relations; Jordan Grossman, HRSA's Chief of Staff; and Carole Johnson, HRSA's Administrator. In your email you made several comments that were inappropriate and disrespectful, those comments were as follows:

Specification 1: In a section of your email you referenced a Division team building activity, an escape room event, where you accused the Division Director, David Loewenstein, of using the activity to *"attempt to covertly program me and threaten my life?"* This comment was inappropriate and disrespectful.

Specification 2: In another section of your email you stated, in part, that Director Loewenstein used the team building activity to *"Threaten to murder [you] and setup [your] friends to make it look like they did it?"* This comment was also inappropriate and disrespectful.

The comments you used in this email message were inappropriate, unprofessional and disrespectful.

Background to Specification 3: On June 1, 2022, you sent an email communication to myself; Melissa Moore, Deputy Division Director for the National Practitioner Data Bank; David Loewenstein, Division Director for the National Practitioner Data Bank; Dr. Luis Padilla, Associate Administrator for the Bureau of Health Workforce; Anthony Archeval, Director of the Office of Civil Rights, Diversity and Inclusion; Cathy Ganey, Director of the Office of Human Resources; Dale Colbert, Deputy Director of the Office of Human Resources; Shontae Ali, Director of the Division of HR Operations; Wendy Kadingo, Director of the Division of Workforce Relations; Jordan Grossman, HRSA's Chief of Staff; Diana, Espinosa, HRSA's Deputy Administrator and Carole Johnson, HRSA's Administrator. In your email, you made several comments that were inappropriate and disrespectful. The comments were as follows:

Specification 3: In a section of your email you stated in part, *"IF SOMETHING HAPPENS TO ME, during one of my visits to the HRSA building to 'return my old laptop' or other task, at the direction of your orders - rest assured, that I will make it known to appropriate parties well beforehand that you, are not only a witness to these written statements made by me, but also a suspect and accomplice."* Making these statements to your supervisor is unprofessional and disrespectful.

Background to Specification 4 and 5: On June 16, 2022, I emailed you to check on your plan for next steps with your reconsideration case. You sent me an email response where you made disrespectful comments. Those comments were as follows:

Specification 4: In a section of your email you stated, in part, *"I barely received OGC's follow-up at 5 pm yesterday, and you are babysitting my every action."* Your comment,

defining my follow up to an assignment as “babysitting” your actions was disrespectful towards your supervisor.

Specification 5: In another section of your email you stated, in part, *“I find it really sad that the one time BHW decides to promote a minority woman into a supervisory position, they give her the job that no one wants – yours”*. Your comment that my appointment to a supervisory position is “sad” and that my job is the one “no one wants” was rude, and disrespectful, especially to your supervisor.

Charge 2: Failure to Follow Instructions

Background: On January 19, 2022, HRSA Office of Information Technology (OIT) emailed HRSA staff about an upcoming HRSA equipment refresh; you were one of the recipients of this email communication. This email provided the following guidance:

“The Office of Information Technology (OIT) will replace selected HRSA-issued laptops that have reached the 4-year service life and will therefore need to be refreshed with a new Dell laptop... Upon arrival of your appointment, you will hand off your laptop to the servicing technician and in the interim, you will receive a ‘loaner’ laptop.”

Specification 1: I emailed you on April 13, 2022, the instruction that, *“In your last 4/6 email you said that your laptop refresh was to be scheduled by today. Has the refresh been completed? If not, it needs to be done the next day you are on duty.”* You reported for duty on April 15, 2022, and you did not complete your laptop refresh as instructed. Therefore, you failed to follow instructions.

Specification 2: On May 23, 2022, I emailed you the instruction that, *“I am instructing you to return your old HRSA laptop to OIT by Noon on Thursday, May 26th and let me know once the task has been completed. If you happen to be out of the office unexpectedly on May 26th, you must return your laptop the next day you are on duty.”* You reported for duty on May 26, 2022 and you failed to return your old laptop by noon on May 26, 2022 as instructed.

Specification 3: On June 6, 2022, I emailed you to check the status of your old HRSA-issued laptop’s return to HRSA OIT. You responded via email on June 8, 2022, *“No, I didn’t get a chance to. I’ll have to return it during my next in-office day.”* I responded to you via email on June 9, 2022, stating in part, *“if the laptop is not returned by COB on June 17th”* which was your next scheduled in-office day, the agency would have to take action since you were not following instructions. You called out of work on the June 17, 2022, and I sent you an email reply later that day, instructing you that *“If the laptop has not been returned, you are expected to return the laptop by COB the next day you are on duty.”*

You failed to return your old HRSA-issued laptop to HRSA’s OIT the next day you were on duty, which was June 21, 2022. Therefore, you failed to follow instructions.

Based on the above charges and specifications, I am proposing your suspension for seven (7) calendar days to promote the efficiency of the service.

Penalty Considerations

In deciding to propose this action rather than a lesser action I considered several factors:

I considered the nature and seriousness of the offense, and its relation to your duties, position and responsibilities. As a GS-13 Management Analyst in the Policy and Disputes Branch, you are responsible for demonstrating professionalism and providing timely, responsive, and respectful customer service that conform to HHS policies and general professional etiquette to all internal and external customers in order to fulfill the Agency's mission. You are also expected to use appropriate judgement in communicating sensitive information and to maintain credibility with internal and external customers to earn their trust and respect. Your conduct as noted above is concerning and impacts our working relationship and performance of our work duties. It also impacts my level of confidence that you will conduct yourself professionally when interacting with internal and external customers during difficult situations or when you do not agree with them and the impact it may have in fulfilling the Agency's mission. Your allegations of threats to your life based on team building events and requests to follow instructions and agency protocols are very serious and could negatively impact the accused. It also affects our working relationship and causes discord between you and your supervisors as well as others in the Agency. In addition, your failure to follow instructions for the proper refresh and return of your HRSA laptop expended several hours from numerous HRSA staff, to include several staff in the OIT office. The number of times you have been counselled on these issues takes away from the time we need to complete other Agency-related work. I considered the nature of your disrespectful, and unprofessional comments as well as your repeated failure to follow instructions as serious.

I considered the clarity with which you were on notice of the rules that were violated in committing the offense of your disrespectful communications and failure to follow instructions. I issued you a counseling memorandum on April 19, 2022, which clearly stated, *"You responded to my message on April 6th via email outlining your reasons for not completing the assignment which I find unacceptable. In addition to your attempt to rationalize the failure to follow my instructions and negligence in performing this task, you ultimately did not follow my instructions to complete the task by the second deadline of April 6th. Your failure to follow my instructions, lack of urgency in getting your work assignment completed on time, and disregard for the practitioners' plight to get their dispute cases resolved as fast as possible is both concerning and unacceptable. You need to improve on this with immediate effect... Your behavior with regards to failing to follow my instructions is disruptive and inappropriate."* This notice also outlined my expectation that, *"You are required to follow all supervisory instructions and must conduct yourself in a respectful manner toward your supervisor, coworkers and customers... You are expected to adhere to the HHS Standards of Conduct"*.

You were also put on notice via email by your previous supervisor Matthew Wiley in November 2019, that, *"This is not the first time you have made an inappropriate comment towards me as your supervisor... your communications towards me, and all internal and*

external staff, will be professional and respectful. You are expected to follow the HHS Standard of Conduct (which can be found on here - [OHR Link](#)) in regards to your conduct while in the office.” Despite these notices and warnings, you sent several comments to your supervisors that were completely unacceptable, displayed a level of disrespect that is inappropriate in the Federal workplace, and contravened the HHS Standards of Conduct. I considered the numerous notices you received that you must follow instructions to refresh your HRSA-issued laptop and then return your old HRSA laptop and the gravity of your continued refusal to comply. These notices were clear yet you continued with noncompliance. I considered this factor particularly aggravating and a poor use of our time

I considered mitigating factors related to the offenses outlined above. I considered your length in service as well as your positive performance record in the Federal government. Additionally, I considered the personal stress you outlined in your communications outlined above. However, these mitigating factors do not outweigh the gravity of your actions.

I considered the effect your misconduct has upon my confidence in your ability to perform assigned duties. I have lost confidence in your ability to communicate respectfully towards myself and your other supervisors as well as in your ability to follow instructions. I expect to be able to communicate with a GS-13 Analyst with a high level of professionalism and to give an instruction once with compliance. Instead, management spends inordinate time providing you instructions and expectations on refraining from inappropriate communications to no avail. Additionally, you failed to follow the instructions on a routine action, which to date has not been completed. The consequence of your disrespectful comments and failure to follow instructions, is that DPDB is constantly disrupted and I am not able to focus on urgent tasks that are necessary for the Division to support BHW's mission.

I am proposing this action based on evidence and to promote the efficiency of the service.

The HHS table of penalties for a first offense of disrespectful comments towards supervisor and failure to follow instructions, is a letter of reprimand to removal. In imposing this lesser disciplinary penalty, I considered the number of charges and mitigating circumstances and I believe a 7 day suspension is appropriate.

This letter warns you that any further misconduct will result in more severe disciplinary action, up to and including your removal from Federal service.

Right to Make an Oral and Written Reply

The decision on the proposed suspension will be made by the Deciding Official. You will be given fourteen (14) calendar days following receipt of this notice in which to deliver an oral and/or written reply. You may elect to submit affidavits or any other evidence which you wish to have considered in support of your reply. Any response should be made directly to the Deciding Official. Consideration will be given to granting a request for additional time to respond to this proposal. To request an extension to

reply, address your written request to the Deciding Official prior to the expiration of the 14 calendar day period. Your request should indicate the specific reasons why additional time to reply is needed. If you do not respond to this proposal nor request an extension of time to submit a reply, a decision will be made based upon the evidence of record. If you submit a timely reply to this notice, a decision will not be made until full consideration is given to that reply.

The written response or request for an oral response should be directed to the Deciding Official:

Melissa Moore
Deputy Director
Division of Practitioner Data Bank
HRSA/Bureau of Health Workforce
5600 Fishers Lane,
Rockville, MD 20857
301-945-3332

You have the right to be represented in responding to this proposal, or during any part of this proceeding. If a representative is designated, please advise the Deciding Official of your designation in writing at the above address. Management may disqualify your designated representative for reasons of conflict of interest or position.

You and/or your representative have the right to review the material relied upon to support the reasons given in this proposal letter. Upon request, all material relied upon for this memorandum can be provided. You may obtain additional clarity regarding the material should you deem it necessary by contacting Kelli Lee, Labor and Employee Relations, Office of Human Resources, HRSA, during business hours, at Klee@hrsa.gov or 301-443-4622. Ms. Lee may also provide you guidance regarding the procedural aspects of this matter. You and your representative, if in an active duty status, will be granted a reasonable amount of official time to review the material relied upon in support of this proposal and to prepare a response and secure affidavits. Any request for official time should be addressed to your supervisor.

If the Agency issues a decision imposing an adverse action, such as a suspension, against you, you will have the right to appeal the adverse action in only one of the following ways. Once you have elected one of these procedures, you may not change thereafter to a different procedure:

Equal Employment Opportunity (EEO) Complaint

You may choose to file an Equal Employment Opportunity (EEO) complaint if you believe the decision in this matter was based on your race, color, religion, sex, national origin, age, physical or mental disability, genetic information and/or reprisal for prior protected EEO activity.

Filing Deadline: You must initiate contact with an HRSA Office of Equal Employment Opportunity (OEEO) counselor **within 45 days** of the effective date of the decision. Your contact can be by telephone 301-443-5636, or in writing to

Email: EEOcomplaints@hrsa.gov

Procedures: Should you elect this option, your complaint will be processed in accordance with Equal Employment Opportunity Commission (EEOC) Regulations found at Title 29 C.F.R. Part 1614

Whistleblowing reprisal complaint with the U.S. Office of Special Counsel and option of a subsequent Individual Right of Action (“IRA”) appeal to the MSPB

In the alternative, if you believe the decision is related to your prior whistleblowing activity (making protected disclosures), you have the option to file a complaint with the U.S. Office of Special Counsel (OSC). “Whistleblowing” is the disclosure of information that an individual reasonably believes shows a violation of law, rule, or regulation, gross mismanagement, gross waste of funds, abuse of authority, or substantial and specific danger to public health or safety.

Filing Deadline: There is no specific time limit for filing a complaint with the OSC.

How to file a complaint: You can file by mail or facsimile using the required OSC Form 11, available at <http://www.osc.gov/documents/forms/osc11.htm>, or by using the electronic filing option on the OSC website at www.osc.gov. For mail or facsimile, you may send OSC Form 11 to the following address/number:

Complaints Examining Unit
Office of Special Counsel
1730 M Street, N.W. (Suite 218)
Washington, DC 20036-4505
Facsimile: (202) 254-3711

Procedures: Should you elect the option to file an OSC complaint, it will be processed in accordance with the regulations found at Title 5 C.F.R. Part 1209. If OSC fails to complete its review of your whistleblower reprisal allegation within 120 days after it receives your complaint, or if it closes your complaint at any time without seeking corrective action on your behalf, you will have the right to file an Individual Right of Action (IRA) appeal with the MSPB.

Important information: The scope of MSPB’s review of the action in an IRA appeal is more restricted than in a direct appeal to the Board, as outlined in Option 2, above. In an IRA appeal, the Board is limited to determining if you demonstrate that one or more whistleblowing disclosures were a contributing factor in the agency taking the action and, if so, whether the agency has demonstrated by clear and convincing evidence that it would have taken the same action in the absence of your protected disclosure(s). The Board will not consider allegations of harmful procedural error or prohibited discrimination. Furthermore, the agency is not required to prove the basis of the action or establish that it was taken “only for such cause as will promote the efficiency of the

service.” However, the Board may consider the strength of the agency’s evidence supporting the action in determining whether the agency has demonstrated by clear and convincing evidence that it would have taken the same personnel action in the absence of the protected disclosures.

Should the agency issue a decision imposing an adverse action, you may challenge the action through the negotiated grievance procedures of the HHS-NTEU Collective Bargaining Agreement. If you elect to file a grievance, the grievance must be filed, in writing within 30 calendar days from the effective date of the action at Step 3.

If you have a medical condition, which you wish the Agency to consider before reaching a final decision in this matter, you may raise it in connection with your reply. However, any such claim must be supported by medical documentation that defines the condition and establishes a causal connection between the condition and the above-described misconduct. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ‘Genetic information’ as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Assistance

You may wish to contact the Employee Assistance Program (EAP). Use of EAP services is voluntary, free, and confidential. The EAP can assist you with a variety of situations. You can contact them on 1-800-222-0364. They are a consultative service that is solution-focused, offering tools and strategies, referrals, and someone to talk it through.

The EAP counselors will not share information with me unless you sign a release of information. Otherwise, the EAP counselors will only confirm that you attended a meeting with them so I can account for your attendance during work hours.

I can approve duty time for you to attend EAP sessions up to an hour for each of six sessions (per issue). Please see me if you would like to request duty time to attend an EAP appointment. If you go to EAP on your own time, you are not required to notify me.

If you have a medical condition which you wish the Agency to consider before reaching a final decision in this matter, you may raise it in connection with your reply. However, any such claim must be supported by medical documentation that defines the condition and established a causal connection between the condition and the above-described misconduct.

You are requested to sign and date the acknowledgment receipt copy of this letter.
Your signature does not mean you agree or disagree with the contents of this letter; it
means that you acknowledge that you received it.

Employee refused to sign
Claudia Rausch

Date

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RAUSCH, CLAUDIA M						2. Social Security Number [REDACTED]		3. Date of Birth [REDACTED]		4. Effective Date 08/29/2022	
FIRST ACTION						SECOND ACTION					
5-A. Code 450		5-B. Nature of Action SUSPENSION NTE 09/04/2022				6-A. Code		6-B. Nature of Action			
5-C. Code VAC		5-D. Legal Authority 5 U.S.C. 7502. SUSPENSION FOR 14 DAYS OR LESS				6-C. Code		6-D. Legal Authority			
5-E. Code		5-F. Legal Authority				6-E. Code		6-F. Legal Authority			
7. FROM: Position Title and Number MANAGEMENT ANALYST PD:15R587 POSITION:00373972						15. TO: Position Title and Number					
8. Pay Plan GS		9. Occ. Code 0343		10. Grade or Level 13		11. Step or Rate 05		12. Total Salary \$121,065.00		13. Pay Basis PA	
12A. Basic Pay \$92,044.00		12B. Locality Adj. \$29,021.00		12C. Adj. Basic Pay \$121,065.00		12D. Other Pay \$0		16. Pay Plan		17. Occ. Code	
18. Grade or Level		19. Step or Rate		20. Total Salary/Award		21. Pay Basis		20A. Basic Pay		20B. Locality Adj.	
20C. Adj. Basic Pay		20D. Other Pay		22. Name and Location of Position's Organization HEALTH RESOURCES AND SERVICES ADMINISTRATION BUREAU OF HEALTH WORKFORCE DIVISION OF PRACTITIONER DATA BANK POLICY AND DISPUTES BRANCH ROCKVILLE MD USA		22. Name and Location of Position's Organization					
EMPLOYEE DATA											
23. Veterans Preference 1 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%						24. Tenure 1 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF X YES X NO	
27. FEGLI C0 BASIC ONLY						28. Annuitant Indicator 9 NOT APPLICABLE		29. Pay Rate Determinant 0 REGULAR RATE			
30. Retirement Plan K FERS AND FICA				31. Service Comp. Date (Leave) 07/06/2010		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 1 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code 23709028		37. Bargaining Unit Status 3591			
38. Duty Station Code 241360031				39. Duty Station (City - County - State or Overseas Location) ROCKVILLE MONTGOMERY MD USA							
40. Agency Data		41.		42.		43.		44. PAR NUMBER:			
45. Remarks IF YOU ENTER A LEAVE WITHOUT PAY STATUS OR ANY OTHER TYPE OF NONPAY STATUS OR YOUR PAY IS INSUFFICIENT TO COVER YOUR FEHB PREMIUM, THEN YOU MUST ELECT TO EITHER (1) TERMINATE YOUR ENROLLMENT IN FEHB, OR (2) CONTINUE IT FOR UP TO 365 DAYS AND AGREE TO PAY THE PREMIUM OR INCUR A DEBT. IF YOU DO NOT ELECT TO TERMINATE OR CONTINUE YOUR ENROLLMENT, IT AUTOMATICALLY TERMINATES AT THE END OF THE LAST PAY PERIOD IN WHICH YOU PAID PREMIUMS. CONTACT YOUR SERVICING HUMAN RESOURCES OFFICE OR SEE THE FEHB HANDBOOK AT HTTP://WWW.OPM.GOV/INSURE FOR DETAILED INFORMATION. FEGLI COVERAGE CONTINUES UNTIL YOUR TIME IN NONPAY STATUS TOTALS 12 MONTHS. (IF WHILE IN NONPAY STATUS YOU RECEIVE PAY DURING ANY PART OF A PAY PERIOD, YOU ARE NOT CONSIDERED TO BE IN NONPAY STATUS FOR FEGLI PURPOSES). CONTACT YOUR SERVICING HUMAN RESOURCES OFFICE OR SEE THE FEGLI HANDBOOK AT HTTP://WWW.OPM.GOV/INSURE FOR DETAILED INFORMATION. SERVICE CREDIT FOR RETIREMENT, REDUCTION-IN-FORCE, AND LEAVE ACCRUAL PURPOSES CONTINUES FOR UP TO A MAXIMUM OF 6 MONTHS IN NONPAY STATUS PER CALENDAR YEAR. FORWARDING ADDRESS: 5401 MCGRATH BLVD APT 212, NORTH BETHESDA, MD 20852 REASON FOR SUSPENSION: 1) DISRESPECTFUL COMMENTS TOWARDS SUPERVISOR(S); 2) FAILURE TO FOLLOW INSTRUCTIONS											
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: CATHERINE M. GANEY DIRECTOR, HUMAN RESOURCES CENTER					
47. Agency Code HE34		48. Personnel Office ID 4184		49. Approval Date 09/07/2022							

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RAUSCH, CLAUDIA M				2. Social Security Number 		3. Date of Birth 		4. Effective Date 09/05/2022							
FIRST ACTION				SECOND ACTION											
5-A. Code 292		5-B. Nature of Action RTD		6-A. Code		6-B. Nature of Action									
5-C. Code CGM		5-D. Legal Authority 5 U.S.C. 552A(E)(5). ACCU RACY OF PERSONNEL ACT		6-C. Code		6-D. Legal Authority									
5-E. Code		5-F. Legal Authority		6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number				15. TO: Position Title and Number MANAGEMENT ANALYST PD:15R587 POSITION:00373972											
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis				
						GS	0343	13	05	\$121,065.00	PA				
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay	
								\$92,044.00		\$29,021.00		\$121,065.00		\$0	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization HEALTH RESOURCES AND SERVICES ADMINISTRATION BUREAU OF HEALTH WORKFORCE DIVISION OF PRACTITIONER DATA BANK POLICY AND DISPUTES BRANCH ROCKVILLE MD USA									
EMPLOYEE DATA															
23. Veterans Preference						24. Tenure		25. Agency Use		26. Veterans Preference for RIF					
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						1 - None 2 - Conditional 1 - Permanent 3 - Indefinite				YES X NO					
27. FEGLI C0 BASIC ONLY						28. Annuitant Indicator 9 NOT APPLICABLE				29. Pay Rate Determinant 0 REGULAR RATE					
30. Retirement Plan K FERS AND FICA				31. Service Comp. Date (Leave) 07/06/2010		32. Work Schedule F FULL TIME				33. Part-Time Hours Per Biweekly Pay Period					
POSITION DATA															
34. Position Occupied				35. FLSA Category		36. Appropriation Code				37. Bargaining Unit Status					
1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				E - Exempt N - Nonexempt		23709028				3591					
38. Duty Station Code 241360031				39. Duty Station (City - County - State or Overseas Location) ROCKVILLE MONTGOMERY MD USA											
40. Agency Data		41.		42.		43.		44. PAR NUMBER:							
45. Remarks															
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: CATHERINE M. GANEY DIRECTOR, HUMAN RESOURCES CENTER									
47. Agency Code HE34		48. Personnel Office ID 4184		49. Approval Date 09/09/2022											



DEPARTMENT OF HEALTH AND HUMAN SERVICES
HHS EMPLOYEE PERFORMANCE PLAN

EMPLOYEE'S NAME (Last, First, MI)
RAUSCH CLAUDIA

Appraisal Period
From:01/01/2022 To: 12/31/2022

ORGANIZATION
Policy and Disputes Branch

POSITION TITLE, SERIES, AND GRADE
MANAGEMENT ANALYST - 0343 - 13

I. PERFORMANCE PLAN DEVELOPMENT, MONITORING AND APPRAISAL

A. Performance Plan Development - Establishes Annual Performance Expectations

[NOTE: The employee's signature does not necessarily mean agreement; only that the plan has been communicated.]

RATING OFFICIAL'S SIGNATURE

Date

CAROLYN NGANGA-GOOD

2002210469 - RQ71 - CNGANGA-GOOD@HRSA.GOV - 01/19/2022 15:50:47

01/19/2022

REVIEWING OFFICIAL'S SIGNATURE

(If required by OPDIV/STAFFDIV Head)

Date

DAVID LOEWENSTEIN

2001128554 - RQ7 - DLOEWENSTEIN@HRSA.GOV - 01/18/2022 09:30:10

01/18/2022

EMPLOYEE'S SIGNATURE

Date

CLAUDIA RAUSCH

2001848901 - RQ71 - crausch@hrsa.gov - 01/24/2022 16:53:20

01/24/2022

B. Progress Review - Written narrative required if performance on any element is less than Achieved Expected Results.

RATING OFFICIAL'S SIGNATURE

Date

CAROLYN NGANGA-GOOD

2002210469 - RQ71 - CNGANGA-GOOD@HRSA.GOV - 06/24/2022 10:51:31

06/24/2022

EMPLOYEE'S SIGNATURE

Date

CLAUDIA RAUSCH

2001848901 - RQ71 - crausch@hrsa.gov - 06/28/2022 09:19:36

06/28/2022

C. Summary Rating - Section II, Critical Elements, must be completed in order to generate this Summary Rating.

[NOTE: The employee's signature does not necessarily indicate agreement; only that the rating has been communicated.]

Critical Element Ratings	Points Assigned	Employee PMAP Score
Level 5: Achieved Outstanding Results (AO)	4.50 to 5.00	
Level 4: Achieved More than Expected Results (AM)	3.60 to 4.49	
Level 3: Achieve Expected Results (AE)	3.00 to 3.59	
Level 2: Partially Achieved Expected Results (PA)	2.00 to 2.99	
Level 1: Achieved Unsatisfactory Results (UR)	1.00 to 1.99	

RATING OFFICIAL'S SIGNATURE

Date

REVIEWING OFFICIAL'S SIGNATURE

(If required by OPDIV/STAFFDIV Head and required if rating is Achieved Unsatisfactory Results)

Date

EMPLOYEE'S SIGNATURE

Date

II. **CRITICAL ELEMENTS**

The following guidance will be followed in determining an overall summary rating:

A rating will be assigned to each critical element (Administrative Requirements - Part A. of this Section - and the individual critical elements under the Individual Performance Outcomes (Part B. of this Section). This rating will be based upon the extent to which the employee's performance meets one of the "Performance Standards" defined in Section V.

The rating level definitions will be assigned a numerical score as follows:

Critical Element Ratings	Points Assigned
Level 5: Achieved Outstanding Results (AO)	5.00
Level 4: Achieved More than Expected Results (AM)	4.00
Level 3: Achieve Expected Results (AE)	3.00
Level 2: Partially Achieved Expected Results (PA)	2.00
Level 1: Achieved Unsatisfactory Results (UR)	1.00

NOTE: Performance plans must include one or more outcomes that include or track back to the HHS Strategic Plan.

A. **ADMINISTRATIVE REQUIREMENTS - CRITICAL ELEMENT**

NOTE: The supervisor should determine, by marking the appropriate boxes, which aspects of this critical element apply to the employee's job duties and responsibilities.

For Managers/Supervisors & Team Leaders **

- ☐ Actively engages in the hiring process with their assigned human resources specialist(s) from start to finish of onboarding. This includes ensuring the established hiring process timelines are met.
- ☐ Communicates program and management goals to staff; identifies targeted results/outcomes, and timeframes. Allocates and adjusts resources in response to workload and priority changes.
- ☐ Plans, organizes, and assigns unit work.
- ☐ Establishes employee performance plans, and completes required reviews and final ratings.
- ☐ Appropriately recognizes and rewards employee performance.
- ☐ Assesses employees' individual developmental needs, and provides developmental opportunities to staff.
- ☐ Ensures employee awareness of, and compliance with, requirements relative to ethics, financial disclosure, avoiding conflicts of interest, standards of ethical conduct, political activity, and procurement integrity.
- ☐ Demonstrates support for EEO/diversity and employee work life quality, fostering a cooperative work environment where diverse opinions are solicited and respected.
- ☐ Seeks resolution of workplace conflicts at earliest stage.
- ☐ Where applicable, ensures that HHS, OPDIV/STAFFDIV, and program goals and requirements for correcting grant, procurement, and finance system weaknesses are achieved or exceeded.
- ☐ Ensures that all staff satisfactorily and timely complete all training requirements related to Privacy Act, Personally Identifiable Information (PII), Protected Health Information (PHI), Privacy Impact Assessments (PIA), Information Systems Security Awareness, and similar training obligations related to the access, use, and dissemination of work-related information.
- ☐ Mandate and enforce staff compliance with all laws, rules, regulations and policies, with respect to maintaining the confidentiality, data management, and safeguarding requirements related to Privacy Act, official, non-public and personally identifiable information.

** To be applied only to Team Leaders who have official position descriptions identifying them as team leaders

II. **CRITICAL ELEMENTS**

A. **ADMINISTRATIVE REQUIREMENTS - CRITICAL ELEMENT**

NOTE: The supervisor should determine, by marking the appropriate boxes, which aspects of this critical element apply to the employee's job duties and responsibilities.

For All Staff

- ☒ Provides responsive service to internal/external customers that support customer and program requirements.
- ☒ Participates with supervisor to establish individual performance plans, and provides self-assessments if required.
- ☒ Identifies and communicates individual developmental needs consistent with the agency mission; assists coworkers by mentoring, advising, or guiding them in understanding work assignments as appropriate.
- ☒ Actively identifies, communicates, and implements quality improvements that ensure attainment of workforce goals.
- ☐ When applicable, identifies and addresses weaknesses in grant system(s), procurement systems, and finance offices to ensure recovery of improper payments and to reduce the number of improper payments made by the Department.
- ☒ Timely completion of all training requirements related to Privacy Act, Personally Identifiable Information (PII), Protected Health Information (PHI), Privacy Impact Assessments (PIA), Information Systems Security Awareness, and similar training obligations related to the access, use, and dissemination of work-related information. Compliance with all aspects of the Privacy Act and other relevant authorities when accepting, managing, using, and/or disseminating official or other sensitive information. Adherence to laws, rules, regulations and policies, with respect to maintaining the confidentiality, data management, and safeguarding requirements related to Privacy Act, official, non-public and personally identifiable information.
- ☒ Other aspects (describe)

Description:

Traveler:

-Demonstrates and applies a working knowledge of pertinent regulations related to travel as needed in accordance with the established policies (Federal Travel Regulations (FTR), HHS Travel Policy Manual, HRSA and BHW Policies.)

- Prepares appropriate documents in support of travel requests (e.g., actual and necessary memos, rental car justifications, and other documents required to support travel requests) within the appropriate timeframes.

- Ensures vouchers and receipts are submitted timely, within 5 days of return from travel.

- When traveling on official business will exercise care in incurring expenses. Excessive costs, circuitous routes, delays for personal reasons, luxury accommodations and services unnecessary or unjustified in the performance of official business are not acceptable. Traveler will be held liable for any additional expenses incurred for personal preference or convenience.

ELEMENT	RATING
Administrative Requirements	☐ UR (1) ☐ PA (2) ☐ AE (3) ☐ AM (4) ☐ AO (5)

B. **INDIVIDUAL PERFORMANCE OUTCOMES - CRITICAL ELEMENT**

Element	Rating
1 . Provide effective and accurate policy analysis	☐ UR (1) ☐ PA (2) ☐ AE (3) ☐ AM (4) ☐ AO (5)

Description:

- Provides technical assistance to internal and external stakeholders that reflect a thorough understanding of relevant legislation/regulation and awareness of program policies/issues under consideration. Response is free of errors, conforms to expected formats, and requires only minor revision by Branch Chief, Deputy Director, and Director.
- Develops and continues to improve skills in writing rules and regulations.
- Responds to SWIFTs, decontrolled correspondence, verbal requests and policy related emails with accuracy within two days of receipt or the established deadline.
- Develops and participates in DPDB presentations, Webinars and other educational venues.
- Provides policy consultation to other DPDB Branches and collaborates on projects, as needed.
- Develops a competent understanding of the Guidebook. Periodically, reviews and makes recommendations for improvements and updates.
- Plans or participates on special projects in a manner that consistently meets the expectations for quality and deadlines.
- Collaborates with team to complete quality deliverables with accuracy and on a timely basis.
- Approaches special projects with the objective of contributing towards the missions of DPDB, BHW and HRSA.
- Takes on Dispute Resolution cases as needed and completes them with the overall goal of 6 months for entire process and follows other established dispute case resolution procedures.
- Participates in quarterly Division Case Review meetings and provides dispute case status updates to the Branch Chief during one-on-one meetings and Branch meetings.
- Demonstrates a dedication to public service by accepting that all BHW employees have internal and/or external customers to whom they provide services and information; commits to satisfying the interests of all by being accountable for quality outcomes resulting in helpful, courteous, responsive, and knowledgeable customer service.

HHS Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play

II. **CRITICAL ELEMENTS**

Element	Rating
2 . BHW Collaboration	☐ UR (1) ☐ PA (2) ☐ AE (3) ☐ AM (4) ☐ AO (5)

Description:

Establish and maintain positive relationships for the purpose of achieving BHW's mission and goals. Work cooperatively with others inside and outside the organization to accomplish objectives, build and maintain mutually beneficial partnerships, leverage information, and achieve results.

Teamwork

- Accountable for producing quality outcomes that result in knowledgeable, responsive, helpful, and courteous team interactions.
- Involves team members in defining ways to achieve desired results and defining expectations about how team members will work together.
- Listens and respects contributions of others on a team who may have different perspectives.
- Consistently keeps team members and other stakeholders informed about team progress and project outcomes.
- Builds and maintains positive professional relationships and fosters a positive working atmosphere, conducive to collaborative efforts, by minimizing resistant and reluctant behaviors.

Results Driven

- Demonstrates clear understanding of the project goal(s), deliverable(s), and timeframe(s).
- Consistently completes group assignments on time.
- Strategically aligns resources to maximize impact and achieve success.
- Constantly reassesses how work is done and how can it be done better through monitoring, evaluation, and measuring impact.
- Contributes to overall organizational goals by delivering quality products and services to all customers.

Leadership at all Levels

- Demonstrates integrity and professionalism by embracing diversity of thought from all sources and in all forms.
- Establishes and maintains credibility with internal and external customers to earn their trust and respect.
- Manages across by collaborating with peers within the core team and/or across BHW to address common issues and develop innovative solutions

Knowledgeable

- Demonstrates an understanding of all applicable program policies to adequately respond to internal and external customer inquiries.

Responsive

- Responds to all forms of internal and external customer requests within two business days, where practical, and is usually accessible to internal and external customers during tour of duty hours.
- Conducts follow-up with internal and external customers to ensure that their needs and/or expectations have been properly addressed.
- Uses appropriate resources, where practical, to ensure seamless coverage of work responsibilities when unavailable to respond to internal and external customer needs (e.g., keeping your Outlook calendar up to date, setting up out-of-office messages on Outlook and voicemail, providing alternate contact information when possible, etc.).
- Proactively resolves issues when work processes and/or outcomes adversely impact the customer.
- Uses data to determine where changes may be warranted and/or efficiencies can be improved in BHW programs and activities.

HHS Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Healthcare System

II. **CRITICAL ELEMENTS**

Element	Rating
3 . Engage in continuous program improvement activities.	☐ UR (1) ☐ PA (2) ☐ AE (3) ☐ AM (4) ☐ AO (5)

Description:

Achieved Expected (AE) Results Level:

- Maintains working knowledge of the functions and resources available to carry out special projects.
- In coordination with the Division of Business Operations, works with contractor staff in the most appropriate and most effective ways to use their resources and expertise for various projects and tasks.
- Completes in a time-sensitive manner assignments covering a wide range of projects, special initiatives, cross-cutting assignments and high level, quick turn-around assignments.
- Participates as a team member and/or take a lead on projects aimed at improvements in program policies, processes and other key activities.
- Effectively adapts to changes in priorities, targets or milestones.
- Identifies and plans for potential obstacles, and demonstrates awareness of the HRSA mission, organizational structure and programs.
- Develop and implement action plans in relation to the HRSA Strategic Plan by meeting established goals and implementing key items as assigned.
- Leverages all available information (e.g., Salesforce, Tracker, Tableau) when engaging with NPDB stakeholdersStates/entities.
- Shares work products with peers to obtain feedback for improving communication.
- Anticipates problems and effectively communicates realistic solutions
- Uses effective written and verbal communication skills:

Written

- Demonstrates knowledge of applicable laws, regulations, policies, and processes in written communication.
- Uses appropriate technology to share, update and store documents.
- Tailors writing style and content to the audience and to the specific task or request.
- Expresses thoughts, directions and ideas in a clear and organized manner.
- Ensures that proper format, spelling, grammar, and punctuation are used in all written products.

Verbal

- Organizes and expresses ideas clearly.
- Provides regular updates to Branch Chief and colleagues on project status through appropriate communication systems.
- Uses appropriate judgment in communicating sensitive information to internal and external stakeholders.
- Delivers clear and organized presentations that are tailored to the audience.

HHS Strategic Goal 5: Promote Effective and Efficient Management and Stewardship

II. **CRITICAL ELEMENTS**

Element	Rating
4 . Supports Division's Programmatic Priorities	☐ UR (1) ☐ PA (2) ☐ AE (3) ☐ AM (4) ☐ AO (5)

Description:

Actively supports new initiatives and priorities identified by the Division.

- Works with Division Leadership on the planning and implementation of DPDB initiatives.
- Works collaboratively with Division Leadership to identify clear and achievable goals.
- Works collaboratively on DPDB initiatives - both on the individual level and in teams - with other DPDB staff, contractors, other HRSA staff, and individuals and organizations outside of HRSA.
- Routinely shares expertise, talents, skills, and knowledge in a manner that contributes to achievement of the Division's goals and priorities.
- Anticipates problems and recommends realistic and cost-effective solutions in a fast-paced environment.
- Completes assignments within agreed-upon timeframes. Provides targeted leadership and direction, as needed to ensure adequate planning, execution, and monitoring of initiatives.
- Routinely communicates goals and status updates with Division Senior Leadership to ensure division-wide awareness.

HHS Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Healthcare System

III. **CONVERSION OF ELEMENTS TO SUMMARY RATINGS**

After rating and assigning a score to each critical element: the rating official will total the points and divide that by the number critical elements to arrive at an average score (up to two decimal places). This score will be converted to a summary rating based on the following point values:

Total Point Value: _____ **Divide by Number of Critical Elements:** _____ **=Average Score:** _____

Average Score will be calculated up to 2 decimal places. This numerical score will then be converted to a Summary Rating, as follows:

Critical Element Ratings	Points Assigned
Level 5: Achieved Outstanding Results (AO)	4.50 to 5.00
Level 4: Achieved More than Expected Results (AM)	3.60 to 4.49
Level 3: Achieve Expected Results (AE)	3.00 to 3.59
Level 2: Partially Achieved Expected Results (PA)	2.00 to 2.99
Level 1: Achieved Unsatisfactory Results (UR)	1.00 to 1.99

This Summary Rating will be recorded on Page 1 of this form.

Exceptions to the mathematical formula:

If an employee receives Partially Achieved Expected Results (PA) on one or more critical elements regardless of the average point score, he/she cannot receive a summary rating higher than Achieved Expected Results (AE). A summary rating of Achieved Unsatisfactory Results (UR) must be assigned to any employee who is rated Achieved Unsatisfactory Results (UR) on any critical element.

If required by the OPDIV/STAFFDIV Head, the supervisor will submit the rating to the reviewing official for concurrence. The supervisor will conduct a performance discussion with the employee. The supervisor and employee should sign and date Part I.C. The employee will be provided with a copy of the complete final rating of record. If the employee refuses to sign, the supervisor should annotate the form, "Employee declined to sign. Rating discussed and copy provided on [date]."

A copy will be provided to the employee and the original forwarded to the designated individual within the OPDIV/STAFFDIV.

IV. **WRITTEN NARRATIVE**

Note: For progress review and/or summary rating. Optional, unless performance is below Level 3: Achieved Expected Results (AE).

Employee's Mid-Year Narrative:

PMAP Elements and Accomplishments:

- Note: Many listed accomplishments apply to multiple elements of performance

Administrative Requirements

1. Completed all HRSA and HHS mandatory trainings on time and in advance of BHW due dates.
2. Participated in branch meetings.
3. Led branch meetings, updated meeting agenda and meeting minutes when assigned.

Provide effective and accurate policy analysis:

1. Ensured contingency of NPDB's webcasts by maintaining standardization and quality control of support provided by website and customer experience agile team, to include routine announcements, scheduling of Cvent emails to end-users,
1. Conducted complex policy analysis and drafted two dispute decision letter responses to practitioners disputing reports made to the NPDB. Sent Request for Information letters, closed one dispute case.
1. Provided policy expertise through participation in Health Care Practitioner Portal (HCPP) project, as needed.
1. Participated in the Health Care Practitioner Portal (HCPP) project and coordinated collaboration between HCPP team experts and Web and Customer Experience agile team, and Education and Outreach team, ensuring comprehensive support education and outreach needs of the HCPP initiative. Provided end-user insight and input to self-query and clinical privileges actions micro-trainings, identified best way to identify and address gaps in end-user understanding, enabling division to fully integrate end-user perspective in promoting new educational products amongst end-users and stakeholders.
1. Prompted and initiated the prioritization of end-user micro-training for Reporting Adverse Clinical Privileging Actions, enabling the NPDB to establish quick and efficient introduction and overview of NPDB's most sought after policy guidance. Reviewed and recommended improvements to micro-training scripted language, ensuring education is communicated in a manner that best connects with healthcare system staff who take clinical privileging actions.
1. Provided policy guidance to colleagues on hospital industry standards, enabling NPDB to communicate complex policy issues in a manner that best connects with healthcare system staff who take clinical privileging actions.
1. Provided new DPDB staff and interns with overview of NPDB Guidebook, NPDB website, useful NPDB guidebook references, Guidebook review and update process, SharePoint tracking site, useful links and background information.
1. Provided coverage for branch chief on multiple occasions, as needed.

BHW Collaborations

1. Recognized by DPDB colleagues for efficient conflict resolution between DPDB and GDIT Contract Personnel, identified and removed obstacles in team communications, resulting in improved professional relationships and conducive collaboration between DPDB and GDIT on Education and Outreach/Web CX projects.
2. Served as the Product Owner of Web & Customer Experience representing the program as the subject matter expert on policy for implementation of Web & Customer Experience projects. Worked across departments and collaborated with members of DBO, contractors, and DEA, enabling DPDB to ensure continued success of website management.
3. Provided new DPDB staff with tour of HRSA building on-site store, cafeteria, gym and available building features during first in-office day post pandemic.
4. Served as NPDB's resident Spanish-speaking expert and translated Spanish policy inbox inquiries for NPDB colleagues, enabling quick and efficient customer service to Puerto Rico NPDB administrators and end-users.
5. Provided input on new case management software for dispute cases.

Engage in continuous program improvement activities:

1. Ensured contingency of webcast series activities through establishing Web & Customer Experience standardized processes and quality controls, supporting multiple webcasts held in 2022, each with several thousand attendees. This has ensured continuity of a now permanent function of NPDB's education efforts, enabling NPDB to reach over thousands of end-users and stakeholders, largely surpassing the amount of stakeholders previously reached prior to the initiation of NPDB webinars.
2. Led Web CX agile team through various different web content related activities, including the c-vent messaging announcing Webcast Series, updates of webpages and infographics, annual update of NPDB timeline and routine review of sprints and milestones. Collaborated with customer service / self-service teams through various meetings, ensuring continued efficiency of customer service operations.

Support Division's Programmatic Priorities

1. Established plan through Web CX activities to transition NPDB report codes to HTML format, in collaboration with DPDB colleagues and contract staff.
2. Coordinated Eventbrite registration process and setup. Identified areas of improvement to ensure streamlined process for collecting and analyzing incoming data and information received from Eventbrite registrations.
3. Oriented new review members from Division of External Affairs (DEA) to Web CX Agile team protocols and meeting structure.

Supervisor's Mid-Year Narrative:

Not entered

IV.

WRITTEN NARRATIVE

Note: For Close-Out review and/or summary rating. Optional, unless performance is below Level 3: Achieved Expected Results (AE)

Employee's Close-Out Narrative:

Not entered

Supervisor's Close-Out Narrative:

Not entered

Level 5: Achieved Outstanding Results (AO)

Consistently superior; significantly exceeds Level 4 (AM) performance requirements. Despite major challenges such as changing priorities, insufficient resources, unanticipated resource shortages, or externally driven parameters, employee leadership is a model of excellence. Contributions impact well beyond the employee's level of responsibility. They demonstrate exceptional initiative in achieving results critical to Agency success and strategic goals. Products and skills create significant changes in their area of responsibility and authority. Indicators of performance at this level include outcomes that consistently exceed the **AM** level standards for critical elements described in the annual performance plan. Examples include:

- Innovations, improvements, and contributions to management, administrative, technical, or other functional areas that have influence outside the work unit;
- Increases office and/or individual productivity;
- Improves customer, stakeholder, and/or employee satisfaction, resulting in positive evaluations, accolades, and recognition; methodology is modeled outside the organization;
- Easily adapts when responding to changing priorities, unanticipated resource shortages, or other obstacles;
- Initiates significant collaborations, alliances, and coalitions;
- Leads workgroups or teams, such as those that design or influence improvements in program policies, processes, or other key activities;
- Anticipates the need for, and identifies, professional developmental activities that prepare staff and/or oneself to meet future workforce challenges; and/or
- Consistently demonstrates the highest level of ethics, integrity and accountability in achieving specific HHS, OPDIV/STAFFDIV, or program goals; makes recommendations that clarify and influence improvements in ethics activities.

Level 4: Achieved More than Expected Results (AM)

Consistently exceeds expectations of Level 3 (AE) performance requirements. The employee continually demonstrates successful collaborations within the work environment, overcoming significant organizational challenges such as coordination with external stakeholders or resource shortfalls. Employee works productively and strategically with others in non-routine matters, some of which may be complex and sensitive. The employee consistently demonstrates the highest level of integrity and accountability in achieving HHS program and management goals. Employee contributions have impact beyond their immediate level of responsibility. The employee meets all critical elements, as described in the annual performance plan. Examples include:

- Effectively plans, is well-organized, and completes work assignments that reflect requirements;
- Decisions and actions demonstrate organizational awareness. This includes knowledge of mission, function, policies, technological systems, and culture;
- Independently follows-up on actions and improvements that impact the immediate work unit; establishes and maintains strong relationships with employees and/or clients; understands their priorities; balances their interests with organizational demands and requirements; effectively communicates necessary actions to them and employee/customer satisfaction is conveyed; and/or
- When serving on teams and workgroups, contributes substantively and completely according to standards identified in the plan.

Level 3: Achieved Expected Results (AE)

Consistently meets performance requirements. Work is solid and dependable; customers are satisfied with program results. The employee successfully resolves operational challenges without higher-level intervention. The employee consistently demonstrates integrity and accountability in achieving HHS program and management goals. Employee conducts follow-up actions based on performance information available to him/her. Employee seizes opportunities to improve business results and include employee and customer perspectives. Examples include:

- Acquires new skills and knowledge to meet assignment requirements;
- Demonstrates ethics, integrity and accountability to achieve HHS and agency goals; and
- Resolves operational challenges and problems without assistance from higher-level staff.

Level 2: Partially Achieved Expected Results (PA)

Marginally acceptable; needs improvement; inconsistently meets Level 3 (AE) performance requirements. The employee has difficulties in meeting expectations. Actions taken by the employee are sometimes inappropriate or marginally effective. Organizational goals and objectives are met only as a result of close supervision. This is the minimum level of acceptable performance for retention on the job. Improvement is necessary. Examples include:

- Sometimes meets assigned deadlines;
- Work assignments occasionally require major revisions or often require minor revisions;
- Inconsistently applies technical knowledge to work assignments;
- Employee shows a lack of adherence to required procedures, instructions, and/or formats on work assignments;
- Occasionally employee is reluctant to adapt to changes in priorities, procedures or program direction which may contribute to the negative impact on program performance, productivity, morale, organizational effectiveness and/or customer satisfaction. Needs improvement.

Level 1: Achieved Unsatisfactory Results (UR)

Undeniably unacceptable performance; consistently does not meet Level 3 (AE) performance requirements. Repeat observations of performance indicate negative consequences in key outcomes (e.g., quality, timeliness, results, customer satisfaction, etc.) as described in the annual performance plan. The employee fails to meet expectations. Immediate improvement is essential for job retention. Examples include:

- Consistently fails to meet assigned deadlines;
- Work assignments often require major revisions;
- Fails to apply adequate technical knowledge to completion of work assignments;
- Frequently fails to adhere to required procedures, instructions and/or formats in completing work assignments; and/or
- Frequently fails to adapt to changes in priorities, procedures or program direction.

Performance Plan

All elements of the performance plan are critical and must support the HHS Strategic Plan.

All employees will be rated on the Administrative Requirements critical element (Part II.A. of the plan). The supervisor, along with input from the employee will develop and establish specific outcomes to support Agency strategic initiatives. These will be included as critical elements in the Individual Performance Outcomes section (Part II.B. of the plan).

The performance plan should be signed and dated by the supervisor and the employee in Part I.A. prior to implementation.

Progress Review

At approximately midpoint in the appraisal cycle, supervisors will conduct at least one progress review. While only one progress review is required, additional reviews are encouraged to maximize employee feedback. If performance on any element is less than Achieved Expected Results, the supervisor must provide written documentation. The supervisor and the employee should sign and date Part I.B. after a progress review is conducted. If the employee refuses to sign, the supervisor should annotate the form, "Employee declined to sign. Progress review conducted on [date]."

Performance Appraisal The supervisor will assign a rating to each critical element (Administrative Requirements and the individual critical elements under the Individual Performance Outcomes). The rating level definitions will be assigned a numerical score in the chart below.

After rating and assigning a score to each critical element: the rating official will total the points and divide that by the number critical elements to arrive at an average score (up to two decimal places). This score will be converted to a summary rating based on the following point values:

Critical Element Ratings	Points Assigned
Level 5: Achieved Outstanding Results (AO)	4.50 to 5.00
Level 4: Achieved More than Expected Results (AM)	3.60 to 4.49
Level 3: Achieve Expected Results (AE)	3.00 to 3.59
Level 2: Partially Achieved Expected Results (PA)	2.00 to 2.99
Level 1: Achieved Unsatisfactory Results (UR)	1.00 to 1.99

Exceptions to the mathematical formula: If an employee receives Partially Achieved Expected Results (PA) on one or more critical elements regardless of the average point score, he/she cannot receive a summary rating higher than Achieved Expected Results (AE). A summary rating of Achieved Unsatisfactory Results (UR) must be assigned to any employee who is rated Achieved Unsatisfactory Results (UR) on any critical element.

If required by the OPDIV/STAFFDIV Head, the supervisor will submit the rating to the reviewing official for concurrence. The supervisor will conduct a performance discussion with the employee. The supervisor and employee should sign and date Part I.C. The employee will be provided with a copy of the complete final rating of record. If the employee refuses to sign, the supervisor should annotate the form, "Employee declined to sign. Rating discussed and copy provided on [date]."

A copy will be provided to the employee and the original forwarded to the designated individual within the OPDIV/STAFFDIV.

DISCIPLINARY GUIDE

HHS GUIDE FOR DISCIPLINARY PENALTIES		
NATURE OF OFFENSE	PENALTY FOR FIRST OFFENSE	PENALTY FOR SUBSEQUENT OFFENSE
1. FISCAL IRREGULARITIES (Penalty depends on the monetary value, position held, personal benefit, and/or other pertinent factors.)		
a. Submission of (or causing or allowing the submission of) falsely stated time logs, leave forms, travel or purchase vouchers, payroll, loan, or other fiscal document(s).	Letter of Reprimand to Removal, if for administrative convenience or to avoid following required procedures.	Removal
	14-Day Suspension, if it results in personal benefit to another.	Removal
	Removal, if it results in personal benefit.	
b. Unauthorized and/or improper use of property, Government or other funds, or any other thing of value coming into an employee's custody as a result of employment.	14-Day Suspension to Removal	Removal
c. Failure to properly account for or make proper distribution of any property, Government or other funds, or any other thing of value coming into an employee's custody as a result of employment.	Letter of Reprimand to Removal	Removal
d. Concealment of (or failing to report) missing, lost, or misappropriated funds, or other fiscal irregularities.	Letter of Reprimand to Removal	14-Day Suspension to Removal

2. FALSE STATEMENT(S)/INCORRECT OFFICIAL DOCUMENTS (False statements or entries in connection with fiscal matters and documents are covered in 1. above.)		
a. Deliberate falsification of an application for employment, or other personal history record by omission or by making a false entry. Note: If an incorrect or inaccurate entry or statement is determined to be unintentional, other (non-disciplinary) action should be taken.	Removal, if it would have adversely affected selection for appointment or promotion.	
	Letter of Reprimand to 14-Day Suspension, if it would not have adversely affected selection for appointment or promotion.	14-Day Suspension to Removal
b. Misrepresentation, falsification, or concealment of material facts or documents in connection with an official matter, including an investigation.	Letter of Reprimand to Removal	Removal
c. Knowingly and willfully making an incorrect entry on an official document or approving an incorrect official document.	Letter of Reprimand to Removal	14-Day Suspension to Removal
3. CONDUCT PREJUDICIAL TO THE BEST INTERESTS OF THE SERVICE		
a. Conduct which causes the employee to be indicted or charged with a criminal offense which is related directly to the duties of the employee's position or the mission of the Agency and for which a sentence of imprisonment may be imposed.	Indefinite Suspension (Until the outcome of the legal action is known and/or until the completion of appropriate administrative action.)	
b. Conduct which causes the employee to be convicted of a criminal charge which is related directly to the duties of the employee's position or the mission of the Agency.	Removal	
c. Off duty conduct which adversely affects the	Letter of Reprimand	Removal

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employee's job performance or trustworthiness, or adversely affects the ability of the Agency to accomplish its mission or otherwise identifiable nexus to the employee's position.	to Removal	
d. Infamous or notoriously disgraceful conduct.	Removal	
e. Concealing, removing, mutilating, altering or destroying Government records.	Letter of Reprimand to Removal	14-Day Suspension to Removal
f. Malicious or intentional damage or loss of Government- owned or Government-leased property.	Letter of Reprimand to Removal	14-Day Suspension to Removal
g. Using public office for private gain.	14-Day Suspension to Removal	Removal
h. Unethical or improper use of official authority or credentials.	Letter of Reprimand to Removal	Removal
i. Unauthorized disclosure or use of (or failure to safeguard) information protected by the Privacy Act or other official, sensitive, or confidential information.	Letter of Reprimand to Removal	Removal
j. Having a direct or indirect financial interest that an employee could reasonably expect to be in conflict or appear to be in conflict with his or her official duties and responsibilities. (When a conflict of financial interest occurs that is inadvertent and that could not be reasonably anticipated by the employee, the situation would normally be handled by divestiture or recusation rather than disciplinary action.)	Letter of Reprimand to Removal	Removal
k. Engaging in outside employment or other activities without required prior approval.	Letter of Reprimand to 5- Day Suspension	14-Day Suspension to Removal
l. Improperly soliciting or accepting, directly or indirectly, a gift from any individual or establishment seeking or having a contractual or business relationship with the Department.	5-Day Suspension to Removal	Removal
m. Improperly soliciting a contribution from another employee for a gift to an official superior, making a donation as a gift to an official superior, or accepting a gift from an employee receiving less	Letter of Reprimand to Removal	Removal

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pay.		
n. Borrowing money from a subordinate employee, securing a subordinate's endorsement on a loan, or otherwise having a subordinate assume the financial responsibility of a superior.	Letter of Reprimand to Removal	Removal
o. Use of (or authorizing the use of) employees, or Government owned, leased or provided property, facilities, services or credit cards, for inappropriate or non-official purposes.	Letter of Reprimand to Removal	5-Day Suspension to Removal
p. Willful use of (or authorizing the use of) any Government-owned or Government-leased passenger vehicles or aircraft for other than official purposes.	30-Day Suspension to Removal [31 U.S.C. 1349(b) mandates a <u>minimum</u> penalty of a one month suspension for unofficial use of Government passenger carrying vehicles or aircraft.]	Removal
q. Use of (or authorizing the use of) other Government- owned or Government-leased vehicles such as trucks, aircraft, boats or other motor vehicles for other than official purposes.	30-Day Suspension to Removal	Removal
r. Carrying of unauthorized passengers in Government- owned or Government-leased vehicles such as trucks, aircraft, boats or other motor vehicles for other than official purposes.	Letter of Reprimand to 14-Day Suspension	14-Day Suspension to Removal
s. Unauthorized use, removal or possession of a thing of value belonging to another employee or private citizen.	Letter of Reprimand to Removal	Removal
t. Misuse of the internet; misuse of the electronic mail; visiting websites or downloading material from the internet during duty time for non-official use; sending electronic mail for unauthorized purposes; misuse of data bases and other software for personal gain.	Reprimand to Removal	3-Day Suspension to Removal
u. Fighting, threatening, attempting to inflict or	5-Day Suspension to	14-Day Suspension to

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inflicting bodily harm while on Government premises and/or when in a duty status.	Removal	Removal
v. Use of abusive, offensive, unprofessional, distracting, or otherwise unacceptable language, gestures, or other conduct; quarreling; creating a disturbance or disruption; or horseplay.	Letter of Reprimand to 14-Day Suspension	5-Day Suspension to Removal
w. Use of slanderous, malicious, derogatory, discourteous, or otherwise inappropriate language, gestures, or other conduct toward employees, supervisors, or the public.	Letter of Reprimand to Removal	5-Day Suspension to Removal
x. Failure to pay just debts in a timely and proper manner.	Letter of Reprimand to 14-Day Suspension	1-Day Suspension to Removal
y. Gambling on duty or in work areas.	Letter of Reprimand to Removal	Removal
z. Participating in a strike, work stoppage, slowdown, sickout, or similar activity.	Removal	
4. FAILURE/REFUSAL TO FOLLOW INSTRUCTION		
a. Negligence, including the careless failure to comply with rules, regulations, written procedures, or proper supervisory instructions.	Letter of Reprimand to 14-Day Suspension	5-Day Suspension to Removal
b. Deliberate or malicious refusal to comply with rules, regulations, written procedures, or proper supervisory instructions.	Letter of Reprimand to Removal	14-Day Suspension to Removal
c. Refusal to provide information to authorized representatives of the Department or other Government Agencies when called upon, when the inquiry relates to official matters and the information is obtained in the course of employment or as the result of relationships incident to such employment.	Letter of Reprimand to Removal	Removal
d. Failure to report for duty as detailed, transferred, or reassigned.	Removal	
e. Failure to submit required statements of financial interests and outside employment.	Letter of Reprimand to 3-Day Suspension	5-Day Suspension to Removal

5. NEGLECT OF DUTY		
Careless/negligent work, loafing, sleeping on duty, wasting time, conducting personal business while on duty.	Letter of Reprimand to Removal	5-Day Suspension to Removal
6. ATTENDANCE-RELATED OFFENSES (Penalty will depend on the circumstances, including length, frequency, and nature of position. To support disciplinary action, tardiness and unauthorized absences from the work place must be charged to AWOL on the employee's Time and Attendance (T &A) Report.)		
a. Unexcused tardiness, including delay in: (1) reporting at the scheduled starting time, (2) returning from lunch or break periods, and (3) returning from an authorized absence from the work station.	Letter of Reprimand to 1-Day Suspension	5-Day Suspension to Removal
b. Unauthorized absence, including leaving the workstation without permission or before the end of the workday. [Time periods at right refer to the accumulated total amount of AWOL for each offense (i.e., disciplinary action proposed) rather than for each instance or occurrence of unauthorized absence. For example, if an employee is AWOL on three separate occasions and the total amount of AWOL shown on the T&As is more than 8 hours but less than 5 workdays, the proposed penalty for a first offense would normally be a suspension of from 1 to 14 days.]	Absences of 8 Hours or Less	
	Letter of Reprimand to 5- Day Suspension	5-Day Suspension to Removal
	Absences of More Than 8 Hours But Less Than 5 Workdays	
	1-Day Suspension to 14-Day Suspension	14-Day Suspension to Removal
	Absences of 5 Workdays or More	
	14-Day Suspension to Removal	Removal
7. INTOXICANTS -- Alcohol and Spirits (Agencies must assure the requirements of alcohol abuse programs are met before taking action.)		
a. Unauthorized use of intoxicants while on duty, on Government property or Government-controlled property or premises where official duties are performed.	Letter of Reprimand to 14-Day Suspension	30-Day Suspension to Removal
b. Reporting to or being on duty while under the influence of intoxicants.	Letter of Reprimand to 30-Day Suspension	30-Day Suspension to Removal
c. Operating a Government-owned or Government-leased vehicle (or privately-owned vehicle on official business) while under the influence of	Removal [If a penalty of less than removal is	

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intoxicants.	determined to be appropriate, agencies should (at a minimum) suspend the employee's official driving privileges for a period of one year.]	
8. ILLEGAL DRUGS/DRUG PARAPHERNALIA/CONTROLLED SUBSTANCES (HHS will <u>not</u> initiate disciplinary action when an employee -- (1) Voluntarily identifies him/herself as a user of illegal drugs prior to being identified through other means, (2) Obtains counseling and rehabilitation through EAP and (3) Thereafter refrains from illegal drug use. In <u>all</u> other circumstances, agencies must make appropriate referrals to the EAP <u>and</u> initiate appropriate disciplinary action.)		
a. Possession of an illegal drug, drug paraphernalia, or unauthorized controlled substance while on duty, on Government property or Government-controlled property, or on premises where official duties are performed.	5-Day Suspension to Removal	Removal
b. Use of an illegal drug or unauthorized controlled substance while on duty, on Government property or Government-controlled property, or on premises where official duties are performed.	14-Day Suspension to Removal	Removal
c. Reporting to or being on duty while under the influence of an illegal drug or unauthorized controlled substance.	14-Day Suspension to Removal	Removal
d. Sale or distribution of an illegal drug or controlled substance.	Removal	
e. Operating a Government-owned or Government-leased vehicle (or privately-owned vehicle on official business) while under the influence of an illegal drug.	Removal	
f. Interfering with, or refusing or failing to submit to a properly ordered or authorized drug test, including substituting, adulterating, or otherwise tampering with a urine sample.	Removal	
g. Use of an illegal drug or unauthorized controlled substance during non-duty hours and on non-work premises.	Letter of Reprimand to Removal	Removal

9. PROHIBITED POLITICAL ACTIVITY		
Engaging in the types of political activity prohibited by law or by Office of Personnel Management regulations.	Removal, 5 U.S.C. 7326	Note: Referral to Office of Special Counsel is required. Only the MSPB may mitigated to a penalty of not less than 30 days;
10. SAFETY AND HEALTH VIOLATIONS (Penalty should take into consideration whether danger to persons or property is involved.)		
a. Failure to report an accident and/or injury as required.	Letter of Reprimand to 14-Day Suspension	14-Day Suspension to Removal
b. Failure or refusal to wear/use required protective equipment (e.g., seat belts, earplugs, eye protection, etc.).	Letter of Reprimand to 14-Day Suspension	14-Day Suspension to Removal
c. Operation of a Government-owned or Government- leased vehicle (or privately-owned vehicle while on official business) without an appropriate State driver's license.	5-Day Suspension to Removal	Removal
d. Failure or refusal to observe and/or enforce Safety and Health regulations or to perform duties in a safe manner.	Letter of Reprimand to Removal	5-Day Suspension to Removal
11. DISCRIMINATORY PRACTICES (Penalty should take into consideration whether violation is willful/deliberate, or careless/negligent.)		
a. Acting or failing to act on an official matter (including a personnel action) in a manner which improperly takes into consideration an individual's political affiliation, race, color, religion, national origin, sex, marital status, age, or handicapping condition. [This includes discrimination for or against any employee or applicant for employment prohibited by 42 U.S.C. 2000e-16; 29 U.S.C. 631 or 633a; 29 U.S.C. 206(d); 29 U.S.C. 791; or any other law, rule, or regulation.]	5-Day Suspension to Removal	Removal
b. Any reprisal or retaliation action against an individual involved in the EEO complaint process.	5-Day Suspension to Removal	Removal
c. Use of remarks which relate to and insult or	Letter of Reprimand	14-Day Suspension to

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denigrate an individual's race, color, religion, national origin, sex, marital status, age, or handicapping condition.	to 30-Day Suspension	Removal
d. Negligence or insensitive conduct with respect to an individual's race, color, religion, national origin, sex, marital status, age, or handicapping condition which is determined to be discriminatory and where there is no other finding of overt discrimination.	Letter of Reprimand to 5-Day Suspension	5-Day Suspension to Removal
e. Failure to take appropriate action regarding allegations or findings of discriminatory practices.	5-Day Suspension to Removal	Removal
12. SEXUAL MISCONDUCT		
a. Actual or attempted sexual assault (e.g., rape)	Removal	
b. Inappropriate and/or unwelcome touching or other physical contact.	14-Day Suspension to Removal	30-Day Suspension to Removal
c. Pressure for (or official action based on) sexual favors, including taking action favorable to an employee because of the granting of a sexual favor or denying an action favorable to an employee because of the withholding of a sexual favor.	30-Day Suspension to Removal	Removal
d. Inappropriate and/or unwelcome teasing, jokes, actions, gestures, display of visual material of a sexual nature or remarks of a sexual nature.	Letter of Reprimand to 30-Day Suspension	14-Day Suspension to Removal
13. PROHIBITED PERSONNEL PRACTICES (Not elsewhere covered.)		
Abuse of authority and commission of a prohibited personnel practice covered by 5 U.S.C. 2302.	Letter of Reprimand to Removal	Removal
14. SCIENTIFIC MISCONDUCT	Letter of Reprimand to Removal	Removal



HRSA Information Security Policy and Procedure Handbook

Version 4.0.1

February 2014

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

CONTROLLED UNCLASSIFIED INFORMATION



DOCUMENT REVISION HISTORY

VERSION NUMBER	DATE	DESCRIPTION	SIGNATURE	CHANGE COMMENTS
1.0	May 2008	1 st Draft	ITSS	
2.0	June 2008	2 nd Draft	ITSS	Incorporated review comments
2.0	August 2008	Final	ITSS	
2.1	March 2009		ITSS	Updated Internet Usage Policy and added Remote Access Policies
2.2	September 2009	Updated section 4.3.5, Control RA-5	ITSS	Added vulnerability scanning requirement for standalone systems.
2.3	April 14, 2010	Update section 5.4 Incident Response Policy	ITSS	Added paragraphs 2 and 3 to 5.4.6 Incident Reporting sub-section to add new HHS and general user requirements for incident reporting.
2.3	April 27, 2010	Update section 5.3 Contingency Planning Policy	ITSS	Update sections 5.3.6 and 5.3.7 to include distance requirements for alternate site.
2.3	July 2010	Add new HHS Requirement	ITSS	Added Appendix A: HHS Information Security Policy/Standard Waiver.
3.0	November 2010	Annual Security Policy Update	ITSS	Updated the entire document to reflect the changes in NIST 800-53, Rev. 3 and HHS IS2P Policy, Sections 1 and 2.
3.1	March 2011	Updated section 4.4.14	ITSS	Updated contractor security and privacy language to include new HHS requirements.
3.1	May 2011	Updated sections 4.2.4 and 4.4.7	ITSS	Updated sections to include new requirements as requested by the Deputy CISO.
3.1	June 2011	Update section 6.4.9	ITSS	Updated section to modify the session termination requirement from 15 to 30 minute of inactivity for all HRSA systems as requested by Deputy CISO.
3.1	July 2011	Updated section 6.6.2	ITSS	Updated section per Deputy CISO request.
3.1	Sept 2011	Updated section 4.3.4	ITSS	Specified policies for scanning applications and vulnerability findings per Deputy CISO request.

4.0	March 2012	Updated Format	ITSS	Updated document format to include modified policies and procedures in same document.
4.0	May 2012	General	ITSS	Updated document to address comments received by various reviewers.
4.0	February 2013	Updated content on pages 122 and 134	DITSRM	Change policy for password history from 6 to 24 passwords per CISO request.
4.0	April 2013	Updated section 5.2	DITSRM	Added NIST links to USGBCB and NCP checklists on pg. 45.
4.0.1	February 2014	Updated sections 6.1 and 7.2.	DITSRM	Added policy for use of personal email accounts, devices and information systems on pg. 99 and 110. Also added laptop policy for international travel on pg. 140
4.0.1	April 2014	General	DITSRM	Updated SharePoint links for SOC and DITSRM sites.
4.0.2	September 2014	Updated sections 5.6, 6.1 and 7.2.	DITSRM	Updated controls MP-2, AC-20 and PESD Policy to remove requirement to disable USB ports and bring the policy in line with HHS policy.

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EXECUTIVE SUMMARY

Security is crucial for the success of any organization. As federal information technology (IT) systems become more global and virtual, agencies are increasingly compelled to enhance information assurance capabilities and minimize risks by preparing for potential IT security attacks and other catastrophic events. Given the Agency-wide strategic priority, Health Resources and Services Administration (HRSA) Information Technology Security Staff (ITSS) continues to streamline its efforts to maintain a secure IT environment in compliance with federal regulations and standards.

This HRSA Information Security Policy and Procedure Handbook serves as a foundation for securing the organization-wide IT assets and addressing existing security gaps. This document outlines high-level security requirements for both HRSA IT systems and management processes, encompassing *Management*, *Operational*, and *Technical* security controls as defined in the National Institute of Standards and Technology (NIST) Special Publication (SP) 800-53, Revision 3, *Recommended Security Controls for Federal Information Systems and Organizations*. Any subsequent documentation (e.g., procedures, standards or other operational guidance) must adhere to the HRSA IT Security Policy.

In addition to NIST guidance, this Handbook incorporates standards established by the Department of Health and Human Services (HHS), existing HRSA documentation and information obtained from interviews with Personnel Security, Office of Information Technology (OIT) staff and other HRSA stakeholders.

The terms *Low*, *Moderate* and *High* used throughout this document, refer to the levels of potential impact on the organization or individuals resulting from the loss of an information system's confidentiality, integrity, and availability. These terms mandate the minimum levels of security measures with which such categorized systems must comply (e.g., a system categorized as *Moderate* must adhere to the *Moderate* baseline security controls listed in *Appendix D* of NIST SP 800-53, Rev. 3.)

This document will be subject to annual review and will be updated to accommodate the following:

- Changes in roles and responsibilities;
- Release of new executive, legislative, technical, or Departmental guidance;
- Identification of changes in governing policies;
- Changes in vulnerabilities, risks or threats; and
- HHS/HRSA Inspector General findings that stem from a security audit.

The HRSA Chief Information Officer (CIO), in coordination with the Chief Information Security Officer (CISO), will approve all revisions to the HRSA IT Security Policy. Following approval, a new version of the IT Security Policy will be issued and all affected parties will be informed of the changes made.

APPROVAL

/Sharon Kelser/
Sharon Kelser
Chief Information Security Officer (CISO)

10/31/12
Date

/Catherine A. Flickinger/
Catherine A. Flickinger
Chief Information Officer (CIO)

10/31/12
Date

/Thomas G. Morford/
Thomas G. Morford
Chief Operating Officer (COO)

11/1/12
Date

1.0 BACKGROUND

HRSA, an Operating Division (OPDIV) of HHS, is the principal federal agency charged with increasing access to basic health care for those who are medically underserved.

Assuring access to quality health resources intrinsically involves guaranteeing access to and sharing of electronic information. As HRSA employees and other system users increase their reliance on information systems, they must have confidence that the information they use has not been inappropriately altered, its confidentiality is appropriately protected, and that the information is readily available with few disruptions in the operation of supporting IT and telecommunications systems.

Without information systems security, HRSA risks exposing itself to deliberate threats (e.g., fraud, sabotage, and other malicious acts), user errors, natural disasters, and other adverse events. These IT security risks may result in the loss of assets, inappropriate disclosure of sensitive data, or inability to carry out critical HRSA operations. Given the rapidly escalating levels of threats to federal information systems, various laws, Executive Directives, OMB Memorandum and other federal regulations have been established to provide HRSA with the guidelines and structure to protect its IT systems.

1.1 HRSA IT Security Program Mission

The mission of HRSA Information System Security Program is to support the Agency's national operations by maintaining systems and data confidentiality, availability and integrity, and protection against unauthorized disclosure, modification, or destruction of the Agency's information technology assets.

1.2 Purpose

The purpose of this document is to establish the minimum security requirements for the development, implementation, maintenance, and oversight of all IT systems and other assets under the operation and control of HRSA. In addition, this policy provides HRSA IT system users, administrators, and other stakeholders with general guidelines for identifying and proactively implementing the IT security controls necessary for protecting HRSA information assets from potential security risks and vulnerabilities.

HRSA shall prioritize information security requirements and allocate information security resources based on the levels of risk to the organization's business processes and assets.

1.3 Scope

The policies herein apply to all HRSA information systems. They apply to all HRSA employees, contractors, and other users (i.e.: interns, fellows, etc.) who require or have access to IT systems, software, data, components or network connections that are under the control or responsibility of

HRSA. All HRSA employees, contractors, and other personnel will comply with and support the implementation of this policy.

This policy document is intended to provide the minimum requirements for the appropriate levels of consistent and comprehensive security controls to be employed in all HRSA information systems. In addition, this document can be utilized as a tool to promote a better understanding of existing risks to HRSA services, operations, and assets resulting from inappropriate use of federal information systems and data.

1.4 Compliance

HRSA employees, contractors and other system users shall be aware that any violation of HRSA policies, rules or standards may be the basis for disciplinary action, up to and possibly including the following:

- Written reprimand;
- Suspension (time frame based upon level of infraction);
- Removal/Dismissal;
- Civil Prosecution; or
- Criminal Prosecution.

1.5 Authority

The following documents form the basis of this policy document:

Federal Laws and Regulations

- Public Law 93-579, *Privacy Act of 1974*, December 31, 1974.
- Public Law 104-106, Division E, *Information Technology Management Reform Act* (ITMRA, also known as the Clinger-Cohen Act), February 10, 1996.
- Computer Fraud and Abuse Act of 1986 (P.L. 99-474).
- Computer Security Act of 1987 (P.L. 100-235).
- Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996* (HIPAA), August 21, 1996.
- Public Law 107-347 [H.R. 2458], *Title III —Federal Information Security Management Act (FISMA)* December 17, 2002.
- Privacy Act of 1974 (P.L. 93-579)
- Office of Management and Budget (OMB) Circular A-130, Section 8b (3), *Securing Agency Information Systems*, November, 2000.
- OMB M-08-27, *Guidance for Trusted Internet Connection (TIC) Compliance*, September 2008.
- OMB M-03-22, *OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002*, September 26, 2003.
- OMB M-06-16, *Protection of Sensitive Agency Information*, June 23, 2006.
- Presidential Decision Directive 63 (PDD-63), *Critical Infrastructure Protection*, May 22, 1998.

NIST Publications

- FIPS Publication 140-2, *Security Requirements for Cryptographic Modules*, June 2001.
- Federal Information Processing Standards (FIPS) 199, *Standards for Security Categorization of Federal Information and Information Systems*, February 2004.
- Federal Information Processing Standards (FIPS) 200, *Minimum Security Requirements for Federal Information and Information Systems*, May 2006.
- FIPS 201-1, *Personal Identity Verification of Federal Employees and Contractors*, May 2006.
- National Institute of Standards and Technology (NIST) Special Publications (SP) 800-12, *An Introduction to Computer Security: The NIST Handbook*, October 1995.
- NIST SP 800-16, *Information Technology Security Training Requirements: A Role- And Performance-Based Model (supersedes NIST Spec. Pub. 500-172)*, April 1998.
- NIST SP 800-18, *Guide for Developing Security Plans for Information Technology Systems*, February 2006.
- NIST SP 800-21, *Guideline for Implementing Cryptography in the Federal Government*, Rev. 2, December 2005.
- NIST SP 800-30, *Risk Management Guide for Information Technology Systems*, January 2002.
- NIST SP 800-34, *Contingency Planning Guide for Information Technology Systems*, May 2010.
- NIST SP 800-37, *Guide for the Security Certification and Accreditation of Federal Information Systems*, February 2010.
- NIST SP 800-50, *Building an Information Technology Security Awareness and Training Program*, October 2003.
- NIST SP 800-53, Rev. 3, *Recommended Security Controls for Federal Information Systems*, August 2009.
- NIST SP 800-53A, Rev. 1, *Guide for Assessing the Security Controls in Federal Information Systems - Building Effective Security Assessment Plans*, June 2010.
- NIST SP 800-60, *Guide for Mapping Types of Information and Information Systems to Security Categories*, Revision 1, Volumes I & II, August 2008.
- NIST SP 800-61, *Computer Security Incident Handling Guide*, March 2008.
- NIST SP 800-63-1, *Electronic Authentication Guideline*, December 2011.
- NIST SP 800-64, *Security Considerations in the Information System Development Life Cycle*, October, 2008.
- NIST SP 800-73, *Interfaces for Personal Identity Verification*, February 2010.
- NIST SP 800-84, *Guide to Test, Training, and Exercise Programs for IT Plans and Capabilities*, September 2006.
- NIST SP 800-88, *Guidelines for Media Sanitization and HRSA Media Protection Procedures*, September 2006.
- NIST SP 800-153, *Guidelines for Security Wireless Local Area Networks*, April 2011.

HHS/HRSA Information Security Guidance

- HHS Policy for Information Systems Security and Privacy (IS2P) (Policy/Handbook), July 7 (Policy/Handbook), 2011.
- HHS Policy for IT Security and Privacy Incident Reporting and Response, April 5, 2010.

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- HHS Policy for Machine-Readable Privacy, January 28, 2010.
 - HHS Policy for Responding to Breaches of Personally Identifiable Information, November, 17, 2008.
 - HHS Security and Privacy Guide for Information Technology Acquisition, April 15, 2012
 - HHS Policy for Privacy Impact Assessment, February 9, 2009.
 - HHS Standard for Encryption, December 23, 2008.
 - HHS Minimum Security Configuration Standards, April 30, 2012.
 - HHS Memorandum: Updated Departmental Standard for the Definition of Sensitive Information, May 18, 2009.
 - HHS Standard for Plan of Action and Milestones, December 23, 2008.
 - HHS Departmental Standard for the Definition of Sensitive Information, May 18, 2009.
 - HHS Memorandum: Encryption Plan Format for Protection of Sensitive Information - Computers, Mobile Devices and Portable Media, June 16, 2008.
 - HHS Mandatory Protection of Sensitive Information on Computers, Mobile Devices and Portable Media, May 19, 2008.
 - HHS Minimum Security Configuration Standards for Departmental Operating Systems and Applications Memorandum, June 6, 2008.
 - HHS Plans to Protect Sensitive Information on Desktop Computers Memorandum, June 16, 2008.
 - HRSA Strategic Plan FY 2005-2010.

1.6 Effective Date

The effective date of this policy is the approved date.

1.7 Information and Assistance

This policy and associated documents (e.g., procedures, standards and guidelines) will be posted on the following Website: <https://sharepoint.hrsa.gov/oo/oit/ditsrm/SitePages/DITSRM.aspx>.

Please submit any questions, comments, suggestions, or requests for further information to the IT Security Staff at ITSecurity@HRSA.gov.

1.8 Document Organization

The policies outlined in this document are broken down into three major domains:

- a. *Management Policies and Procedures.* Focus on the management of information security system(s) and the management of risk for a system and consist of techniques and concerns that are normally addressed by management.
- b. *Operational Policies and Procedures.* Address security methods focusing on the mechanisms primarily implemented and executed by people where these controls are placed to improve the security of a group, a particular system, or a group of systems. These controls require technical or specialized expertise and rely on management and technical controls.

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- c. *Technical Policies and Procedures*. Focus on security controls that an information system executes and can provide an automated protection for unauthorized access or misuse, facilitate detection of security violations, and support security requirements for applications and data.

2.0 ROLES AND RESPONSIBILITIES

HRSA Chief Information Officer (CIO)

The responsibilities of the CIO include the following:

- Reporting quarterly to the HHS CIO on the effectiveness of the organization's information security program, including progress of remedial actions;
- Appointing a Chief Information Security Officer (CISO) and Senior Privacy Official to fulfill the CIO's responsibilities in maintaining HRSA information security program;
- Overseeing the overall security posture of HRSA IT systems;
- Ensuring that periodic internal security reviews of the program business cases, alternative analyses, and other specific IT investment, are performed;
- Establishing and implementing policies, procedures, and practices that are consistent with HHS requirements to assure that systems, programs, and data are secure and protected from unauthorized access that might lead to the alteration, damage, or destruction of automated resources, unintended release of data, and denial of service (DoS);
- Ensuring that security incident response teams, processes and procedures are in place;
- Ensuring all current and proposed IT systems are certified and accredited; and
- Ensuring that security education and awareness training are conducted for all HRSA employees, contractors, and other personnel who use, operate, or manage the IT systems.

Authorizing Official (AO)

The responsibilities of the AO include the following:

- Determining if sufficient security procedures and controls are implemented to protect HRSA systems and information through Certification and Accreditation processes through the security accreditation processes;
- Determining if levels of residual risk or vulnerability that remain in the systems are acceptable and grant appropriate levels of authorities for IT systems to operate; and
- Accrediting all HRSA systems based on the recommendations from Certification Agent.

HRSA Chief Information Security Officer (CISO)

The responsibilities of the CISO include the following:

- Leading HRSA information security programs and promoting proper information security practices;
- Supporting the HHS Chief Information Security Officer's implementation of the HHS Information Security Program;
- Assisting CIO in implementing Information security program in HRSA;
- Providing information about the HRSA information security policies to management and throughout the organization;

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- Providing advice and assistance to other organizational personnel concerning the security of sensitive data and the security of critical data processing capabilities;
 - Advising the CIO about security breaches in accordance with the incident response procedures developed and implemented by HRSA;
 - Disseminating information on recommended safeguards and the potential security threats and concerns of access to HRSA systems;
 - Ensuring that appropriate security awareness training is conducted based on the existing needs within HRSA;
 - Assisting System Owners while collaborating with ISSMs and ISSOs in establishing and implementing the appropriate security safeguards required to protect computer hardware, software, and data from improper use or abuse; and
 - Coordinating requirements for personnel clearances, position sensitivity, and access to information systems with the appropriate office.

HRSA Senior Privacy Official

The responsibilities of the Senior Privacy Official include the following:

- Ensuring that all HRSA systems comply with the Privacy Act and other federal regulations and maintaining HRSA privacy policies;
- Maintaining a system of records notice (SORN) for all HRSA systems that contain Personally Identifiable Information (PII);
- Ensuring that all HRSA systems conduct privacy impact assessments (PIA) on in accordance with the E-Government Act of 2002, OMB Memorandum 03-22, OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002, and the HHS Information Security Program Privacy Impact Assessment Guide;
- Reporting suspected incidents involving a breach of PII within the time period required by OMB and in accordance with Department policies and procedures;
- Handling privacy inquiries and resolving any privacy-related concerns within HRSA; and
- Providing privacy awareness training, as appropriate.

Information System Security Manager (ISSM)

The responsibilities of the ISSM include the following:

- Assisting System Owners with system security-related activities;
- Coordinating Bureau/Office system's Security Assessment and Authorization (SA&A) processes as well as implementing and enforcing federal information security and privacy policies;
- Assisting in Risk Assessment and federal reporting processes;
- Promoting security training and awareness among Bureau/Office staff;
- Assisting in the development and validation of the Bureau/Office's IT system inventory and ensure that the HRSA IT Security Team is informed of plans for any new systems or systems to be retired;

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- Acting as points of contact who receive security incident advisories, vulnerability alerts and other notifications from U.S. Computer Emergency Response Team (US-CERT), HHS Cyber Security, and HRSA Incident Response Team (IRT); and
 - Informing Bureau/Office management and appropriate staff of federal information security and privacy policies, guidelines, standards, memorandums, requirements and procedures.

Information System Security Officer (ISSO)

The responsibilities of ISSOs include the following:

- Assisting the ISSM and System Owner in enforcing security policies and safeguards on the systems for which they are responsible;
- Notifying the HRSA IRT and CISO of actual or suspected security and privacy incidents;
- Collaborating with the ISSM and System Owner to ensure that appropriate level of security safeguards are in place to protect the system(s) under their jurisdiction;
- Keeping abreast of any potential issues that may adversely impact their system(s) and ensuring that vendor-issued security patches are expeditiously installed;
- Staying informed on policies, directives, standards, and requirements changes;
- Ensuring that security-related documentation at each phase of the EPLC meets all identified security needs;
- Developing and maintaining system security documentation in collaboration with ISSMs, System Owners, and ITSS;
- Assisting with SA&A, risk assessment, and continuous monitoring activities to ensure that appropriate security safeguards and control measures for the system(s) under their jurisdiction are in place and working effectively to minimize risk;
- Assisting the System Owner and CISO in identifying, documenting and remediating all system weaknesses in the POA&M; and
- Assisting with FISMA quarterly and annual reporting.

Certification Agent (CA)

The responsibilities of the CA include the following:

- Evaluating the authorization package for all HRSA systems;
- Ensuring that the HRSA SA&A processes are in accordance with the NIST guidance;
- Reviewing system security documentation including the results of the Security Testing and Evaluation (ST&E);
- Preparing Certification letters outlining his or her final certification decisions, decision rationale, and recommending risk mitigation strategies for residual system risks;
- Presenting his or her recommendations to the DAA or AO.

Program Executives/Bureau Directors

The responsibilities of the Program Executives include the following:

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- Ensuring that systems and data that are critical to the program's mission are adequately protected; and
 - Providing, in coordination with ISSMs/ISSOs and System Owner, sufficient resources required to implement appropriate security controls for their systems.

System Owners

The responsibilities of the System Owners include the following:

- Coordinating with Contracting Officers, Contracting Officer Representatives and CISO to ensure that the appropriate security contracting language from HHSAR and other relevant sources is incorporated in each IT contract;
- Being accountable for the operation of a system(s) in support of the program mission;
- Ensuring that systems are authorized to operate prior to going into production at a level of security equal to or higher than the security level designated for their systems and re-authorized every three years or when significant changes occur;
- Ensuring that the security controls for their systems and networks are reviewed periodically;
- Ensuring that their systems and data are appropriately categorized in accordance with Federal Information Processing Standard (FIPS) Publication 199 and NIST 800-60;
- Determining, in coordination with the program executive and data owner, and the ISSO, appropriate security controls and identifying resources to implement those controls;
- Ensuring that security is planned for, documented, and integrated into the system development life cycle (SDLC);
- Ensuring that System Security documentations (e.g., System Security Plan, Contingency Plan, etc.) are developed and updated periodically; and
- Ensuring that written authorization from management (e.g., AO, HRSA CISO) is obtained prior to connecting with other systems and/or sharing sensitive data/information.

Information Owners

The responsibilities of the Information Owners include the following:

- Establishing the rules for the appropriate use and protection of data/information;
- Providing input to information System Owners on the security requirements and security controls for the information systems where the information resides;
- Determining levels of access rights and privileges for their systems; and
- Assisting in identifying security controls for the system where the information resides.

Contracting Officers (COs)/Contracting Officer Representatives (CORs)

The responsibilities of COs and CORs include the following:

- Ensuring that all IT acquisition contracts include HRSA-defined Information security and privacy requirements; and

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- Ensuring that vendors/contractors are in compliance with HRSA IT security policies for the duration of each contract.

Website Owner/Administrator

The responsibilities of Website Owner/Administrator include the following:

- Coordinating Website privacy practices and compliance activities with Privacy Officer;
- Ensuring that any Website that employs a multi-session Web measurement and tracking technology that collects PII is approved by the Privacy Officer; and
- Ensuring that Websites or use of a third-party Website or application includes applicable privacy policies, privacy notices, and machine-readable privacy policies and that the content is content.

System Developers and Maintainers

The responsibilities of System Developer/Maintainer, include the following:

- Understanding the need to plan security into information systems, especially from the beginning, and the benefits to be derived from doing so;
- Following the EPLC in developing and maintaining HRSA systems and ensuring that security-related documentation at each phase of the EPLC meets all identified security needs;
- Identifying laws and regulations relevant to the system's design and operation and interpreting the laws and regulations into security functional requirements;
- Understanding the relationship between planned security safeguards and the features being installed on the system under development;
- Designing and developing tests for security safeguard performance under a variety of normal and abnormal operating circumstances and workload levels;
- Analyzing system performance for potential security problems, and providing direction to correct any security problems identified during testing;
- Leading the design, development, and modification of safeguards to correct vulnerabilities identified during system implementation;
- Supporting assessments, reviews, evaluations, tests and audits of the system by both internal and external entities; and
- Notifying the HRSA IRT and CISO of actual or suspected security and privacy incidents.

System/Network Administrators

The responsibilities of System/Network Administrators include the following:

- Ensuring that the IT security posture of the system/network is maintained during all maintenance, monitoring activities, installations or upgrades, and throughout day-to-day operations;
- Implementing and monitoring the appropriate security requirements;

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- Implementing proper system backups, patching security vulnerabilities, media protection, etc.;
 - Utilizing “root” or “administrative” rights and administering user privileges and access rights to users based on “least privilege” or “need-to-know” principles;
 - Implementing security monitoring mechanisms for all systems;
 - Ensuring that all IT systems deploy the HHS and HRSA-defined configuration baselines;
 - Analyzing system performance for potential security problems and maintaining audit logs, as appropriate;
 - Ensuring that system documentation such as operational procedures, Security Technical Implementation Guides (STIGs) or standard operating procedures (SOPs) are maintained when applicable;
 - Ensuring that malicious code or virus protection mechanisms are in place and kept up-to-date to minimize the system risk; and
 - Reporting all security incidents to the HRSA IRT.

HRSA Employees, Contractors and Other Personnel

The responsibilities of HRSA Employees, Contractors, and Other Personnel include the following:

- Complying with HRSA policies, standards, and procedures;
- Being aware they are not acting in an official capacity when using HRSA IT resources for non-governmental purposes;
- Familiarizing themselves with any special requirements for accessing, protecting, and using data, including Privacy Act requirements, copyright requirements, and procurement-sensitive data;
- Reporting any suspected or actual computer incidents immediately to the HRSA IRT;
- Seeking guidance from their supervisors when in doubt about HRSA security policies; and
- Ensuring that sensitive data is not stored on laptop computers or other portable devices unless the data is encrypted with HRSA-approved encryption tools.

3.0 HRSA INFORMATION SECURITY POLICY

This document mandates the high-level *Management*, *Operational* and *Technical* security requirements for all HRSA systems, information, and management processes dealing with the security requirements included herein. All HRSA Bureaus and Offices maintaining information systems on behalf of HRSA may create subsequent documentation to enhance their information systems' security posture. However, they shall not deviate from and/or supersede the security requirements outlined in this HRSA-wide Information Security Policy.

4.0 MANAGEMENT POLICIES AND PROCEDURES

4.1 SECURITY ASSESSMENT AND AUTHORIZATION POLICY AND PROCEDURES

This HRSA Security Assessment and Authorization (SA&A) Policy mandates that all HRSA information systems and operating divisions conform to the established security assessment and authorization controls below.

SECURITY ASSESSMENT AND AUTHORIZATION POLICY
All information systems operated by, or on behalf of, HRSA are required to be clearly defined, documented and authorized by the HRSA Authorizing Official (AO) prior to going into production. The HRSA AO shall authorize each HRSA information system to operate by granting an authority to operate (ATO) if the level of risk to the agency and its assets is deemed acceptable. All information systems shall be reauthorized every three years or before significant system changes are implemented. Information systems may be operated by HRSA or other organization on behalf of HRSA. The HRSA AO shall authorize all connections from an information system operated by, or on behalf of, HRSA to another information system outside of the system authorization boundary. All system connections shall be appropriately documented, secured, and monitored on an ongoing basis. Connections may be categorized as internal or external. All HRSA information systems shall undergo periodic security assessments to determine if the correct information security controls have been implemented and working as intended.¹ All systems must maintain a Plan of Action and Milestones to document and track all security deficiencies for mitigation purpose. All HRSA information systems shall implement a continuous monitoring program that includes: (i) configuration management process for the information system and its constituent components; (ii) determination of the security impact of changes to the information system and environment of operation; (iii) ongoing security control assessments in accordance with the organizational continuous monitoring strategy; and (iv) reporting the security state of the information system to appropriate organizational officials.

¹ Note: The security controls in an information system are assessed as part of: (i) security authorization or re-authorization; (ii) meeting the FISMA requirement for annual assessments; (iii) continuous monitoring; (iv) testing/evaluation of the information system as part of the system development life cycle process. Those controls that are the most volatile (i.e., controls most affected by ongoing changes to the information system or its environment of operation) or deemed critical by the organization to protecting organization operations and assets, individuals, other organizations, and the Nation are assessed more frequently in accordance with an organizational assessment of risk. All other controls are assessed at least once during the information system's three-year authorization cycle.

SECURITY ASSESSMENT AND AUTHORIZATION POLICIES AND PROCEDURES (CA-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO will review and update this policy, associated procedures and standards annually or as necessary.
SECURITY ASSESSMENT (CA-2)
Security Baseline: Low, Moderate, and High
Supporting Procedures
- For all HRSA information systems, an assessment of the security controls will be conducted in accordance with the OMB and the Department policies to determine the extent to which the controls are implemented correctly, operating as intended, and producing the desired outcome with respect to meeting the security requirements of the system. - The HRSA IT Security Staff (ITSS) will establish the selection criteria and subsequently, select a subset of the security controls (approximately one third of the total security controls) that will be assessed each year for all HRSA systems. - For all <i>moderate</i> and <i>high</i> systems, an independent assessor will assess all the security controls applicable to the information system during the <i>initial system authorization, prior to operation</i> and periodically thereafter. Following the system ATO, the designated ISSO or representative (<i>low</i> systems only) and an independent assessor (<i>moderate</i> and <i>high</i> systems), in conjunction with IT Security Staff (ITSS), will assess a subset of the controls that are critical to protecting the information system at least <i>annually</i>. All other controls will be assessed at least once during the information system's <i>three year</i> authorization period. - For HRSA's general support system (GSS) as well as external <i>moderate</i> and <i>high</i> systems, an independent assessor will conduct a penetration test periodically, at least <i>annually</i>. - A Security Assessment Report (SAR) or Security Test & Evaluation (ST&E) Report containing the results of the security control assessment will be produced and provided to the Authorizing Official (AO) or designated representative for review and approval.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
An independent assessor or assessment team will be required to conduct an assessment of the security controls in the information system.
Control Enhancement 2
Security Baseline: High

Supporting Procedures
Malicious user testing, penetration testing, or red team exercises of both physical and technical security controls will be included in the system security assessment.
INFORMATION SYSTEM CONNECTIONS (CA-3)
Security Baseline: Low, Moderate, and High
Supporting Procedures
• The HRSA CIO, together with the CISO and System Owner, will verify and authorize all proposed system interconnections between HRSA systems and those outside their authorization boundary. • The HRSA CIO, in conjunction with the CISO, will verify and authorize all proposed connections among HRSA internal systems that have different security requirements and security controls. The CIO will also approve all pertinent agreements for external systems housed at third party facilities. • System interconnections will be regulated through the use of system Interconnection Security Agreements (ISA), Service Level Agreements (SLAs), and/or Memorandum of Understanding/Agreement (MOU/A). At least one of these agreements will be required for all interconnections between HRSA and non-HRSA information systems as prescribed by the NIST 800-47 <i>Security Guide for Interconnecting Information Technology Systems</i> guidelines. No agreement will be necessary for internally connected systems with similar security requirements and controls. • The ISSO will be responsible for monitoring the security controls included in the interconnection agreement on a continuous basis.
PLAN OF ACTION AND MILESTONES (CA-5)
Security Baseline: Low, Moderate, and High
Supporting Procedures
• System Owners and/or ISSOs will develop and update a Plan of Actions and Milestones (POA&M) to track and mitigate all system weaknesses and/or deficiencies. • The POA&M will document planned, implemented, and evaluated remedial actions to correct deficiencies noted during the assessment of security controls and to reduce or eliminate known vulnerabilities in the system. • All HRSA system POA&Ms will be updated periodically, at least <i>quarterly</i>. All deficiencies (ongoing, completed and delayed) for the quarter will be reported to the Department as part of the HRSA IT Security Quarterly Report.
SECURITY AUTHORIZATION (CA-6)
Security Baseline: Low, Moderate, and High

Supporting Procedures

The HRSA AO will authorize (i.e., accredit) all HRSA information systems for processing prior to going into operation and every *three (3) years* thereafter or when there is a significant change to the system, whichever comes first.

For new systems, the security authorization package will contain, at minimum, the following documents:

- Security Authorization Letter;
- System Security Plan (SSP);
- Security Assessment Report (SAR)/Security Test and Evaluation (ST&E) Report;
- POA&M;
- E-Authentication Questionnaire (if applicable);
- PIA;
- Risk Assessment;
- MOU/ISA (if applicable);
- Contingency Plan (CP); and
- Contingency Plan Test Report.

For existing systems, the re-authorization package will contain the following documents:

- Re-Authorization Letter;
- System Security Plan;
- CP and CP Test Report
- E-Authentication Questionnaire (if applicable);
- PIA;
- Risk Assessment;
- Security Assessment Reports conducted since the last ATO was received; and
- POA&M.

The AO will be responsible for reviewing the residual risk posed to the system, HRSA assets, operations, or individuals and determine if the level of risk is acceptable and render the system authorization decision accordingly.

- **Authority to Operate (ATO)** – This decision will allow the system to operate for a period of three years or when a significant change occurs to the system, whichever comes first.
- **Denial of Authority to Operate** – This decision will not allow the system to commence or continue operation. The AO has determined the risk posed to HRSA assets and/or organization is too great to allow the system to operate.

CONTINUOUS MONITORING (CA-7)

Security Baseline: **Low, Moderate, and High**

Supporting Procedures

All HRSA information systems must go through a continuous monitoring process and selected continuous monitoring activities must be reported to the Department on a *quarterly* basis.

Continuous monitoring activities will include:

- Configuration management and configuration control for all system modifications;
- Security impact assessment of changes to the information system;
- Ongoing assessment of the system security controls;
- Periodic updates, *at least annually*, of system documentation, including SSP, RAR, POA&M, PIA, E-Authentication Questionnaire and CP;
- Tracking of system weaknesses and deficiencies through the POA&M; and
- Reporting on the system security status.

4.2 SECURITY PLANNING POLICY AND PROCEDURES

This HRSA Security Planning (PL) Policy mandates that all HRSA information systems conform to the established security planning controls below.

PLANNING POLICY
A system security plan must be developed for all HRSA information systems. All HRSA information systems must document relevant controls in a system security plan or must be covered in a system security plan of another information system. The SSP must be developed during the Planning Phase of the system development life cycle and be updated and maintained regularly throughout the remaining life cycle phases for the system in accordance with the SDLC. Additionally, the SSP must be updated annually or when a significant change is made to the configuration of the system. Annual reviews must be conducted per FISMA requirements and records of these reviews must be included with the SSP. All system security plans must be prepared in accordance with HRSA specific guidelines, using HRSA templates. The Rules of Behavior (RoB) must be developed for all HRSA information systems. The RoB must be developed in conjunction with the SSP during the Planning Phase of the system development life cycle. A copy of the current RoB must be included as an appendix to the SSP. The RoB must be updated and maintained throughout the remaining life cycle phases for the system. The RoB must be distributed to and acknowledged by all personnel with access to the information system. A Privacy Impact Assessment (PIA) must be developed for all HRSA information systems in order to determine if the system is required to meet statutory obligations for federal information systems containing personally identifiable information (PII). All HRSA systems containing PII are considered major information systems. The PIA must be developed during the Planning Phase of the system development life cycle and be updated and maintained throughout the remaining life cycle phases for the system as defined in the SDLC.
Security Baseline: Low, Moderate, and High
Supporting Procedures
PLANNING POLICY AND PROCEDURES (PL-1)
The HRSA CISO will review and update this policy, associated standards and procedures <i>annually</i> or as necessary.
SYSTEM SECURITY PLAN (PL-2)
Security Baseline: Low, Moderate, and High

Supporting Procedures
1. For all HRSA information systems, System Owner or designated representative will develop and implement a System Security Plan (SSP). 2. Each SSP will follow the template established by the HRSA IT Security Staff and in accordance with NIST SP 800-18, Developing Security Plans for Federal Information Systems requirements. 3. Each SSP will contain, at a minimum, the following information: • Description of the system and operational context in terms of mission and business processes; • Defined system authorization boundary; • System security categorization including supporting rationale; • Description of relationships with or connections to other information systems; • An overview of the security requirements for the system; • Description of the security controls in place or planned for meeting those requirements including a decision rationale for tailoring and supplementation of controls. The security controls shall be consistent with NIST SP 800-53, Recommended Security Controls for Federal Information Systems. 4. The SSP will be reviewed and approved by the Authorizing Official (AO) or designated representative prior to implementation. 5. For all HRSA information systems, the SSP will be updated <i>annually</i> or when a major system change occurs, whichever comes first. Major changes include, but are not limited to, the information system operation, architecture environment, or problems identified during plan implementation or security control assessment.
RULES OF BEHAVIOR (PL-4)
Security Baseline: Low, Moderate, and High
Supporting Procedures
1. Rules of Behavior (RoB) will be developed for all HRSA information systems and be available for all systems users. 2. The RoB will describe users' responsibilities and expected behavior with regard to the information system and information system usage. 3. Users of HRSA information systems will read, sign, and agree to abide by the RoB, before accessing any system, and <i>annually</i> upon taking the security awareness training. 4. For all HRSA information systems, the RoB will be reviewed <i>annually</i>.
PRIVACY IMPACT ASSESSMENT (PL-5)
Security Baseline: Low, Moderate, and High

Supporting Procedures
1. For all HRSA information systems, System Owner or designated representative will conduct a privacy impact assessment (PIA) in accordance with federal legislations and the Office of Management and Budget (OMB) Policy. 2. All system PIAs will be updated <i>annually</i> or when there are significant changes to the system that may impact personally identifiable information.
SECURITY-RELATED ACTIVITY PLANNING (PL-6)
Security Baseline: Moderate, and High
Supporting Procedures
1. For all HRSA information systems, security related activities affecting or potentially affecting the system will be planned and coordinated, before conducting such activities, in order to reduce the impact of these activities on HRSA operations, assets and individuals. 2. Routine security-related activities include, but are not limited to, security assessments, audits, system hardware and software maintenance, security certifications, and contingency plan testing/exercises. The planning and coordination of these activities will include both emergency and non-emergency situations.

4.3 RISK ASSESSMENT POLICY AND PROCEDURES

This HRSA Risk Assessment (RA) Policy mandates that all HRSA information systems conform to the established risk assessment security controls below.

RISK ASSESSMENT POLICY
HRSA shall conduct assessments of the risk and magnitude of harm that could result from the unauthorized access, use, disclosure, disruption, modification, or destruction of information and information systems that support the operations and assets of HRSA. The risk assessments must address vulnerabilities, threats, and threat sources in accordance with NIST SP 800-30. Information systems must be categorized in accordance with FIPS 199 and NIST SP 800-60. All HRSA information systems and hosted applications shall be scanned for vulnerabilities at least monthly and standalone systems must be scanned at least annually. Web applications are scanned quarterly or on an as needed basis.
RISK ASSESSMENT POLICY AND PROCEDURES (RA-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO reviews and updates the Risk Assessment policy, associated procedures and standards annually or as necessary.
SECURITY CATEGORIZATION (RA-2)
Security Baseline: Low, Moderate, and High
Supporting Procedures
1. The system owner or designated representative performs an initial security categorization of the system's information prior to the system's Authorization to Operate (ATO). 2. The authorizing official, with input from the CISO and system owner, reviews and approves the system's security categorization. 3. The system owner may change the security categorization throughout the life cycle of the system. Any changes to the system's categorization are reviewed and approved by the authorizing official or designated representative. Any changes and justification are included in the system security plan (SSP). 4. The system security categorization is documented in the associated SSP. This includes all system information types, processed or stored, in the system and supporting rationale to show how the security categorization was achieved. 5. The system's security categorization, along with the system information types, is reviewed and verified at least every three years during the re-authorization process, or when a significant system change occurs, whichever comes first.

RISK ASSESSMENT (RA-3)
Security Baseline: Low, Moderate, and High]
Supporting Procedures
For all new HRSA information systems, an initial risk assessment is completed before the system is developed to determine the risk magnitude to the organization, and a final risk assessment is completed before the system has been granted an ATO. For existing HRSA information systems, the risk assessment is updated every <i>three years</i>, or before the system is re-authorized to operate or significant changes to the system are implemented, whichever comes first. The risk assessment determines the risk and magnitude of harm that could result from the unauthorized access, use, disclosure, disruption, modification, or destruction of information and the information system. All risk assessments take into account vulnerabilities, threat sources, and security controls planned or in place, to determine the resulting level of residual risk posed to HRSA operations, assets, or individuals based on the operation of the information system. This includes risks posed from external parties, including: • Service providers; • Contractors operating and maintaining information systems on behalf of HRSA; • Individuals accessing HRSA information systems; and • Outsourced entities (e.g., other government entities).
VULNERABILITY SCANNING (RA-5)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All HRSA information systems and hosted applications, except for stand-alone systems, are scanned for vulnerabilities at least <i>once a month</i> (in intervals or simultaneously) or when significant new vulnerabilities potentially affecting any system/application are identified and reported. All stand-alone systems are scanned for vulnerabilities at least <i>once annually</i>. Scanning tools and techniques are appropriate to the HRSA environment and approved by the HRSA CISO and/or CIO. For internal systems, the HRSA Information Technology Support Staff (ITSS) report the results of the Nessus and RAS vulnerability scanning tools to the HRSA network team at the GSS level and to the ISSOs at the Web application level for analysis and recommendations for remediation. For external systems, all vulnerability scan results are reported to the system owner or ISSO for analysis and remediation. All residual vulnerabilities that cannot be remediated in a timely manner are documented in the system POA&M. Refer to the HRSA Incident Response Policy for guidelines on incident reporting regarding vulnerability scans. Scans for Web applications are performed quarterly or as needed, scans for the GSS are performed monthly.

Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
The ITSS uses vulnerability scanning tools that have the capability to readily update the list of information system vulnerabilities scanned.
Control Enhancement 2
Security Baseline: High
Supporting Procedures
The ITSS updates the list of vulnerabilities scanned or when new vulnerabilities are identified and reported.
Control Enhancement 3
Security Baseline: High
Supporting Procedures
The ITSS employs vulnerability scanning procedures that demonstrate the breadth and depth of coverage when conducting scans.
Control Enhancement 4
Security Baseline: High
Supporting Procedures
The ITSS identifies what information in the system is discoverable by adversaries.
Control Enhancement 5
Security Baseline: High
Supporting Procedures
The ITSS includes privileged access authorization to specific system components for selected vulnerability scanning activities to facilitate more thorough scanning.
Control Enhancement 7
Security Baseline: High
Supporting Procedures
The ITSS employs automated tools to periodically (at least <i>monthly</i>) detect the presence of unauthorized software and notifies designated system representatives.

4.4 SYSTEM AND SERVICES ACQUISITION POLICY AND PROCEDURES

This HRSA Systems and Services Acquisition (SA) Policy mandates that all HRSA Bureaus and offices conform to the established systems and services acquisition controls below.

SYSTEM AND SERVICES ACQUISITION POLICY
All HRSAIT acquisition contracts shall include the appropriate IT security and privacy contracting language specific to the technology or service being acquired in compliance with the <i>Federal Acquisition Regulation (FAR)</i> clause 52.239-1 —<i>Privacy or Security Safeguards</i> and all applicable clauses of the <i>Health Human Services Acquisition Regulation (HHSAR)</i> as well as other applicable Departmental requirements.² HRSA Project Officers/Contract Officers or designated representatives must ensure that appropriate security, administrator, and user documentation is contractually required for the development or acquisition of new systems and responsibilities and ensure that roles and responsibilities and service level agreements (SLAs) are appropriately documented for external services (e.g., business partnerships, joint ventures). HRSA Project Officers/Contract Officers or designated representatives must ensure that the contractor includes FIPS 201-1-compliant¹² Homeland Security Presidential Directive 12 (HSPD-12)¹³ card readers with the purchase of servers, desktops, and laptops; and (2) comply with FAR Subpart 4.13, Personal Identity Verification and HHSAR clause 352.239-70(f) —Standard for Security Configurations.
SYSTEM AND SERVICE ACQUISITION POLICY AND PROCEDURES (SA-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO will review and update the System and Services Acquisition policy, associated standards and procedures annually or as needed.
ALLOCATION OF RESOURCES (SA-2)
Security Baseline: Low, Moderate, and High

² Policy/Requirements Traceability: Part 39 of the Federal Acquisition Regulation (FAR); Health and Human Services Acquisition Regulation (HHSAR); NIST SP 800-53 Rev. 3; HHS-OCIO-2009-0001.001S, *Standard for Security Configurations Language in HHS Contracts*, dated January 30, 2009; HHS-OCIO-2009-0002.001S, *Standard for Encryption Language in HHS Contracts*, dated January 30, 2009; OMB M-07-16; and HHS-OCIO-008-0007.001S, *HHS OCIO Standard for Encryption*.

Supporting Procedures
System owners, in coordination with the systems' ISSOs, will determine requirements, document and allocate the resources required to adequately protect information systems as part of HRSA capital planning and investment control process. This involves determining the security requirements for the information system in mission/business case planning and establishing a discrete line-item for information system security in the system's programming and budgeting documentation.
LIFE CYCLE SUPPORT (SA-3)
Security Baseline: Low, Moderate, and High
Supporting Procedures
System owners or their designated representatives will use an established System Development Life Cycle (SDLC) methodology to manage their systems and include HRSA IT security policies, associated standards, procedures and best practices. The SDLC methodology is consistent with NIST SP 800-27, <i>Engineering Principles for Information Technology Security (A Baseline for Achieving Security)</i>, 2004. System security roles and responsibilities will be defined and documented in accordance with NIST SP 800-64, <i>Security Considerations in the System Development Life Cycle</i> to support the system throughout its life cycle.
ACQUISITIONS (SA-4)
Security Baseline: Low, Moderate, and High
Supporting Procedures
HRSA Project Officers/Contract Officers or designated representatives will include the appropriate IT security and privacy contracting language specific to the technology or service being acquired in compliance with the Federal Acquisition Regulation (FAR) clause 52.239-1 —Privacy or Security Safeguards and all applicable clauses of the Health Human Services Acquisition Regulation (HHSAR) as well as additional acquisition Departmental requirements not included in the HHSAR. In the event the contractor uses its own system for collecting and/or processing HRSA sensitive data and or PII, the contractor will inform HRSA about any compliance status that the contractor is adhering with (e.g. SAS-70, FISMA, PCI, HIPPA, etc). Depending upon the data risk level (i.e. High, Medium or Low) that is to be stored, processed, or transmitted using the contractor's information systems, HRSA may accept the existing security compliance report or direct the contractor to perform a security compliance review following FISMA, NIST SP 800-37 and NIST 800-53 guidelines or equivalent guidance. For contractor owned contractor operated (COCO) system used for collecting and/or processing HRSA information, the contractor will include HHS' COCO language in acquisition contracts.

Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
Solicitation documents will include documentation that describes the functional properties of the security controls employed within the information system, with sufficient details to permit analysis and testing of those controls.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
Each information system component will be assigned to a specific information system and will be approved by the system owner.
Control Enhancement 4
Security Baseline: High
Supporting Procedures
A detailed description of the design and implementation of the security controls to be employed within the information system and components will be included on all IT acquisition contracts.
INFORMATION SYSTEM DOCUMENTATION (SA-5)
Security Baseline: Low, Moderate, and High
Supporting Procedures
Each system owner will ensure that adequate documentation for the information system and its components are available, protected, and distributed only to authorized personnel. System documentation will include secure configuration, installation, and operation of the information system; effective use and maintenance of security features and functions; known vulnerabilities regarding configuration and use of administrative functions; user –accessible security features/functions and how to effectively use those security features/functions; methods for operating and maintaining the information system within the HRSA environment; and information on how to obtain the above documentation in the event it is not available.
Control Enhancement 1
Security Baseline: Moderate and High

Supporting Procedures
Documentation will include descriptions of the functional properties of the security controls employed within the information system, with sufficient detail to permit analysis and testing of the controls.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
Each information system component will be assigned to a specific information system and will be approved by the system owner.
Control Enhancement 3
Security Baseline: High
Supporting Procedures
The ISSO will ensure that a detailed description of the design and implementation of the security controls to be employed within the information system and components will be included on all IT acquisition contracts.
INFORMATION SYSTEM DOCUMENTATION (SA-6)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The following software usage restrictions will apply to all HRSA systems: • No personal software, unlicensed proprietary software, or otherwise non-HRSA sanctioned software will be used on or entered into any government-owned computer systems. Commercially-developed and licensed software will be treated as proprietary property of its developer. • It will be the responsibility of the system owner to make sure that the appropriate number of licenses will be acquired for their application, and to work with System Administrators and configuration managers to track the use of these licenses throughout the application's life cycle to control copying and distribution. • Any peer-to-peer file sharing will be prohibited within HRSA information system. All illegal copies of copyrighted software detected on HRSA systems will be removed as soon as possible.
USER INSTALLED SOFTWARE (SA-7)
Security Baseline: Low, Moderate, and High

Supporting Procedures
The Helpdesk will ensure that personal and unlicensed proprietary software is not installed or used in any government-owned computer system. Only personnel with designated administrator privileges and responsibilities will install and configure HRSA information systems.
SECURITY ENGINEERING PRINCIPLES (SA-8)
Security Baseline: Moderate, and High
Supporting Procedures
Security engineering principles will be incorporated into all phases of the system development life cycle, including systems undergoing major upgrades, in accordance with NIST SP 800-27. To the fullest extent possible, security engineering principles will be applied to the operation and management of legacy information systems, given the current state of the hardware, software, and firmware components within the system.
EXTERNAL INFORMATION SYSTEM SERVICES (SA-9)
Security Baseline: Low, Moderate, and High
Supporting Procedures
External information system service providers will employ and monitor security controls for compliance with HRSA IT security policies, associated standards, and any applicable federal laws, directives, regulations, and guidance. This includes developing/maintaining Service Level Agreements (SLA), Memoranda of Understanding (MOU), or Interconnection Security Agreements (ISA) as the circumstances warrant. FIPS 199 security categorization of the data or system being handled or accessed by the third party will be used to determine the extent of the required security controls. Security control compliance will be monitored by requiring the third party provider to produce evidence that demonstrates compliance (e.g., System Security Plans, Risk Assessments, Contingency Plans, etc.). The CISO will determine whether evidence produced by the third party provider sufficiently meets HRSA IT security requirements.
DEVELOPER CONFIGURATION MANAGEMENT (SA-10)
Security Baseline: Moderate, and High

Supporting Procedures
System owners or their designated representatives, with the assistance of system developers, will perform configuration management during the system design, development, implementation and operation phases as well as manage, control, and document all system changes in accordance with the HRSA Change Control Board (CCB) plan and procedures. System Developers and integrators will implement only those system changes that have been previously approved by the HRSA CCB (for HRSA internal systems) or Program Manager (for external systems). No major system changes will be implemented without CCB/Program Manager approval.
DEVELOPER SECURITY TESTING (SA-11)
Security Baseline: Moderate, and High
Supporting Procedures
System owners or their designated representatives, with the assistance of system developers, will perform configuration management during the system design, development, implementation and operation phases as well as manage, control, and document all system changes in accordance with the HRSA Change Control Board (CCB) plan and procedures. System Developers and integrators will implement only those system changes that have been previously approved by the HRSA CCB (for HRSA internal systems) or Program Manager (for external systems). No major system changes will be implemented without CCB/Program Manager approval. The use of live data in test and production environments can result in significant risk to HRSA. Thus, System Developer will minimize such risk by using test or dummy data during the development and testing of information systems, information system components, and information system services.
SUPPLY CHAIN PROTECTION (SA-12)
Security Baseline: High
Supporting Procedures
System Owner or designated representative will conduct a risk review for all supply chain threats in efforts to protect the system and its components throughout all SDLC phases.

4.5 PROGRAM MANAGEMENT POLICY AND PROCEDURES

This HRSA Program Management (PM) Policy mandates that all HRSA Bureaus and offices conform to the established Program Management controls below.

PROGRAM MANAGEMENT POLICY
The HRSA CIO shall appoint a Chief Information Security Officer (CISO) with the mission and resources to coordinate, develop, implement, and maintain an enterprise-wide information security program. The HRSA CISO shall develop and disseminate a Security Program Plan (SPP) describing the enterprise-wide information security program. The HRSA Authorizing Official shall approve the SPP upon evaluating the potential risk being incurred to HRSA's operations (including mission, functions, image, and reputation) and assets, individuals, other organizations, and the Nation. The SPP shall be reviewed to address organizational changes and problems identified during plan implementation or security control assessments at least <i>annually</i>. A plan of action and milestones (POA&M) for HRSA's information security program shall be developed to identify and track all program existing and potential deficiencies, as well as remedial actions. All acquisition requests shall go through capital planning and investment to ensure that the resources needed to implement the information security program are available and all exceptions to this requirement are documented; a business case/Exhibit 300/Exhibit 53 to record the resources required is employed; and information security resources are available for expenditures as planned.
INFORMATION SECURITY PROGRAM PLAN (PM-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA SPP will include the following: • An overview of the requirements for the security program and a description of the security program management controls and common controls in place or planned for meeting those requirements. • Sufficient information about the program management controls and common controls (including specification of parameters for any assignment and selection operations either explicitly or by reference) to enable an implementation that is unambiguously compliant with the intent of the plan and a determination of the risk to be incurred if the plan is implemented as intended. • Roles, responsibilities, management commitment, coordination among organizational entities, and compliance.

CHIEF INFORMATION SECURITY OFFICER (PM-2)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The responsibilities of the CISO include the following: • Leading HRSA information security programs and promoting proper information security practices. • Supporting the HHS Chief Information Security Officer's implementation of the HHS Information Security Program. • Assisting CIO in implementing IT security program in HRSA. • Providing information about the HRSA information security policies to management and throughout the organization. • Providing advice and assistance to other organizational personnel concerning the security of sensitive data and the security of critical data processing capabilities. • Advising the CIO about security breaches in accordance with the incident response procedures developed and implemented by HRSA. • Disseminating information on recommended safeguards and the potential security threats and concerns of access to HRSA systems. • Ensuring that appropriate security awareness training is conducted based on the existing needs within HRSA. • Assisting System Owners while collaborating with ISSMs and ISSOs in establishing and implementing the appropriate security safeguards required to protect computer hardware, software, and data from improper use or abuse. Coordinating requirements for personnel clearances, position sensitivity, and access to information systems with the appropriate office.
INFORMATION SECURITY RESOURCES (PM-3)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO takes the following actions to ensure information security resources: • Ensure that all capital planning and investment requests include the resources needed to implement the information security program and document all exceptions to this requirement. • Employ a business case/Exhibit 300/Exhibit 53 to record the resources required. • Ensures that information security resources are available for expenditures as planned.
PLAN OF ACTION AND MILESTONES PROCESS (PM-4)
Security Baseline: Low, Moderate, and High

Supporting Procedures
The HRSA CISO takes the following steps: • Implements a process for ensuring that plans of action and milestones for the security program are deployed. • Ensures that associated organizational information systems are maintained. • Documents the remedial information security actions to mitigate risk to organizational operations and assets, individuals, other organizations, and the Nation.
INFORMATION SYSTEM INVENTORY (PM-5)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO ensures that an inventory of all HRSA information systems is developed and maintained.
INFORMATION SECURITY MEASURES OF PERFORMANCE (PM-6)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA Chief Information Security Officer ensures the results of information security measures of performance are developed, monitored, and reported.
ENTERPRISE ARCHITECTURE (PM-7)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO develops and maintains an enterprise architecture and ensures that the enterprise architecture integrates information security.
CRITICAL INFRASTRUCTURE PLAN (PM-8)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO addresses any information security issues in the development, documentation, and updating of a critical infrastructure and key resources protection plan.
RISK MANAGEMENT STRATEGY (PM-9)
Security Baseline: Low, Moderate, and High

Supporting Procedures
The HRSA CISO develops and implements a comprehensive strategy to manage risk to HRSA's operations and assets, individuals, other organizations and the Nation associated with the operation and use of information systems.
SECURITY AUTHORIZATION PROCESS (PM-10)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO ensures that: • The security state of HRSA information systems is managed (i.e., documents, tracks, and reports) through security authorization processes. • Individuals that fulfill specific roles and responsibilities within the HRSA risk management process are designated. • The security authorization process is fully integrated into an enterprise-wide risk management program.
MISSION/BUSINESS PROCESS DEFINITION (PM-11)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO ensures that: • Mission/business processes with consideration for information security and the resulting risk to organizational operations, organizational assets, individuals, other organizations, and the Nation are defined. • Information protection needs arising from the defined mission/business processes are determined and revised as necessary, until an achievable set of protection needs is obtained.

5.0 OPERATIONAL POLICIES AND PROCEDURES

5.1 AWARENESS AND TRAINING POLICY AND PROCEDURES

This HRSA Security Awareness and Training (AT) Policy mandates that all HRSA bureaus, employees and other personnel working on behalf of HRSA conform to the established AT security controls below.

AWARENESS & TRAINING POLICY
The HRSA CISO shall implement and maintain an IT security awareness program and develop security awareness training materials in accordance with Federal regulation, consistent with the requirements specified in C.F.R. Part 5 Subpart C (5 C.F.R 930.301) and NIST SP 800-50 guidance. All HRSA system users, including contractors and temporary personnel, must take security and privacy awareness training prior to beginning employment at HRSA and <i>annually</i> thereafter. Users with significant security responsibilities must take role-based security training commensurate with their roles and responsibilities at least <i>bi-annually</i>. All PII Handlers must take specialized privacy training when they begin employment at HRSA and <i>annually</i> thereafter. All training records must be maintained in a central location and retained in accordance with HRSA's record retention policy.
SECURITY AWARENESS AND TRAINING (AT-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO will review and update this policy, associated standards and procedures annually or as necessary.
SECURITY AWARENESS (AT-2)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All security awareness materials will inform system users of their responsibility to ensure adequate protection from threats to the confidentiality, integrity, and availability of all information and HRSA information systems that collect, process, transmit, store, and disseminate information. All HRSA information system users including contractors, volunteers, managers and senior executives will take HRSA-provided information system security awareness training prior to accessing HRSA information systems and at least annually thereafter. All HRSA personnel must sign the HRSA IT Rules of Behavior following the security awareness training, prior to accessing HRSA systems and annually thereafter.

SECURITY TRAINING (AT-3)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The ITSS and department managers will identify all personnel who have significant information security roles and responsibilities throughout the system development life cycle and document these roles and responsibilities. Significant information security roles and responsibilities are defined as anyone charged with the responsibility for developing and implementing the HRSA IT security program or maintaining the security posture of HRSA information systems. Users with significant information security roles, also include those who have elevated privileges on information systems that are greater than those of a standard user. The ITSS will develop a security training program and associated training materials in accordance with Federal regulations, consistent with the requirements contained in C.F.R. Part 5 Subpart C (5 C.F.R 930.301) and NIST SP 800-50 guidance. All personnel assigned significant information security roles will take information security training commensurate with their responsibilities and system requirements before receiving access to systems, when required as a result of system changes, and <i>annually thereafter</i>. Training may be provided at HRSA or offered by a widely recognized third party provider of information security training. All Information System Owners or designated representatives will ensure that individuals who need or have access to the systems under their jurisdiction receive role-based training focused on user responsibilities and the rules specific to their systems. All Information System Owners, ISSOs, and other personnel with Security Assessment and Authorization responsibilities will receive training on the HRSA SA&A process, risk management, incident response, and contingency planning. NOTE: In general, this does not apply to members of the public accessing publicly-available HRSA systems (e.g., Internet hosted systems, public rooms / kiosks). In cases where it is not clear how this requirement applies to a system or a specific set of users, the CISO will make a determination as to the appropriate course of action.
SECURITY TRAINING RECORDS (AT-4)
Security Baseline: Low, Moderate, and High

Supporting Procedures

The ITSS will ensure that all individuals receiving security awareness and role-based security training have the capability to produce proof of such training, such as:

- Training Certificates
- Email Notification

The ITSS will maintain current records of all system users who take security training, including basic security awareness and role-based security training for the *minimum of five years* or five years after completion of a specific course.

5.2 CONFIGURATION MANAGEMENT POLICY AND PROCEDURES

This HRSA Configuration Management (CM) Policy mandates that all HRSA information systems shall conform to the established configuration management security controls below.

CONFIGURATION MANAGEMENT POLICY
All Systems Owners or Designated Representatives shall define system configuration items at the component level (e.g., hardware, software, and workstation); monitor configuration changes; and track and approve changes prior to implementation. Changes include, but not limited to, flaw remediation, security patches, and emergency changes (e.g., unscheduled changes such as mitigating newly discovered security vulnerabilities, system crashes, replacement of critical hardware components). All HRSA systems shall have a current baseline configuration that includes components along with an inventory of the components and relevant ownership information, which are maintain by the system owner or representative. All HRSA Moderate and High systems must retain an older version of the baseline configurations to support rollback functionality. All HRSA High systems are required to maintain a baseline configuration for development and test environments that is managed separately from the operational baseline. All HRSA systems and system components must adhere to the HHS Minimum Security Configuration Standards. The Change Control Board (CCB) must review all internal, nonemergency changes prior to the change occurring. All nonemergency changes must be submitted to the CCB five (5) business days prior to the planned implementation of the change. All proposed changes are required to be tested, validated, and documented prior to implementation to assess the impact to the security and privacy of data. All change documentation must be maintained for no less than 12 months after the change is made. All HRSA system configurations and changes are required to be monitored to ensure configuration management processes and procedures are being followed. All HRSA High systems shall provide detection of unauthorized, security relevant configuration changes is incorporated into the incident response capability to ensure that such detected events are tracked, monitored, corrected, and available for historical purposes.
CONFIGURATION MANAGEMENT POLICY AND PROCEDURES (CM-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO will review and update the Configuration Management policy, associated procedures and standards annually or as necessary.
BASELINE CONFIGURATION (CM-2)
Security Baseline: Low, Moderate, and High

Supporting Procedures
The workstations will be configured to meet the FDCC and USGBC checklists. Servers and Databases will be configured using HHS' minimum configuration standards. Developers will use best-practices for custom applications that HHS has not defined minimum configuration standard for. The Systems Owner or Designated Representative will create and maintain the baseline configuration of their systems. The configuration baselines are to be documented and maintained by the system's ISSO. The NIST Checklists can be found at: http://web.nvd.nist.gov/view/ncp/repository and http://usgcb.nist.gov/.
Control Enhancement 1
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
The ISSO will review and update the baseline configuration of the information system after a change to the system occurs or at least every six months.
Control Enhancement 2
Security Baseline: <i>High</i>
Supporting Procedures
The Systems Owner or Designated Representative will ensure that automated mechanisms are deployed to maintain an up-to-date, complete, accurate, and readily available baseline configuration of the information system.
Control Enhancement 3
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
The Systems Owner or Designated Representative will ensure that older versions of baseline configuration are retained to support system rollback, as needed.
Control Enhancement 4
Security Baseline: <i>Moderate</i>
Supporting Procedures
The Systems Owner or Designated Representative will develop and maintain a list of software NOT authorized to execute on their system and/or application.
Control Enhancement 5
Security Baseline: <i>High</i>

Supporting Procedures
The Systems Owner or Designated Representative will develop and maintain a list of software authorized to execute on their system and/or application. A deny-all or permit-by-exception authorization may be applied to identify software allowed to execute.
Control Enhancement 6
Security Baseline: <i>High</i>
Supporting Procedures
The Systems Owner or Designated Representative will maintain a baseline configuration for development and test environments, separate from operational baseline configuration.
CONFIGURATION CHANGE CONTROL (CM-3)
Security Baseline: <i>Moderate and High</i>

Supporting Procedures

Internal Systems

Changes to the HRSA IT infrastructure and internal systems will be documented by the ISSO and/or Change Coordinator through the HRSA Change Request tracking system. The Change Management (CM) administrator reviews change requests. If the request provides the required information (listed below), then the CM administrator will submit the change request to the HRSA Change Control Board (CCB). The CCB reviews, deliberates, and approves or disapproves change requests submitted through the HRSA change management system.

The HRSA Change Request tracking system provides the following:

- Documented change requests and change notifications with justification;
- Documented reviews of the change request to include analysis of security impacts (see CM-4);
- Documented authorization and approval to implement the changes; and
- Documented test plans and test results for each change.

Required Information for Change Request:

- What will be changed
- Purpose of the change
- When will the change occur
- Who will be making the change
- What will be affected by the change
- Required resources
- Constraints and assumptions for change
- Procedures for rolling back change

External Systems

The Systems Owner or Designated Representative of an external HRSA information system will ensure that a change control board and a configuration change control process is established for their system. The configuration change control process must incorporate the following systematic components:

- Documented change requests and change notifications with justification;
- Documented reviews of the change request to include analysis of security impacts (see CM-4);
- Documented authorization and approval to implement the changes; and
- Documented test plans and test results for each change.

Control Enhancement 1

Security Baseline: *High*

Supporting Procedures
Automated mechanisms will be employed to: • document proposed modifications to an information system or its environment; • notify the ISSO and System Owner; • highlight approvals that have not been received in a timely manner; • hold off on implementing changes until proper approval has been received; and • document the completed change to the information system.
Control Enhancement 2
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
The Systems Owner or Designated Representative will ensure that changes to the information system are tested, validates and documents before implementing changes on operational system.
SECURITY IMPACT ANALYSIS (CM-4)
Security Baseline: <i>Low, Moderate, and High</i>
Supporting Procedures
The monitoring changes to the information system's configuration will be incorporated into the CCB established configuration change control process as described above (CM-3). Changes will be monitored and analyzed for security impact to determine the effects of the changes on the security posture of the system and HRSA. The CISO will determine the security impact, in coordination with individual system's ISSO and System Owner. ISSOs, in conjunction with System Owners, will evaluate the proposed security features (e.g., security patches, configurations or settings) of their systems to verify that they function in accordance with best security practices.
Control Enhancement 1
Security Baseline: <i>High</i>
Supporting Procedures
The Systems Owner or Designated Representative will analyze new software in a separate test environment and determine the impact due to flaws, weaknesses, incompatibility, or intentional malice before installation in an operational environment.
ACCESS RESTRICTIONS FOR CHANGE (CM-5)
Security Baseline: <i>Moderate and High</i>

Supporting Procedures
Access to implement changes in the system will be restricted to only those authorized by the System Owners or Designated Representatives for the purpose of initiating changes and/or upgrades. Configuration managers, ISSOs and associated System Administrators will identify and implement appropriate change control restrictions, which may include both physical and logical access controls. Only System Administrators and configuration managers will be authorized to make changes to HRSA systems. The CCB will review and approve changes to all internal HRSA information systems. The system owner or representative reviews and approves changes to all external HRSA information systems. The System Owners or Designated Representatives will document all changes to their system. All nonemergency changes to internal information system configuration settings, including web servers, will be implemented after the CCB reviews and approves the change proposal. All nonemergency changes to external information system configuration settings, including web servers, will be implemented after the system owner reviews and approves the change proposal.
Control Enhancement 1
Security Baseline: <i>High</i>
Supporting Procedures
HRSA systems will employ automated mechanisms to enforce access restrictions and to audit enforcement actions.
Control Enhancement 2
Security Baseline: <i>High</i>
Supporting Procedures
Audits of information system changes will be conducted periodically, at least weekly, or when there are indications that unauthorized changes have occurred.
Control Enhancement 3
Security Baseline: <i>High</i>
Supporting Procedures
HRSA systems will be configured to prevent the installation of unauthorized and un-approved software.
CONFIGURATION SETTINGS (CM-6)
Security Baseline: <i>Low, Moderate, and High</i>

Supporting Procedures
Configuration Managers and System Administrators, in conjunction with ISSOs, will apply all required STIGs and mandated HHS security standards and maintains the established configuration for information systems under their control. HRSA follows the FDCC and USGBC settings mandated by HHS, which requires that changes to Active Directory policies start with modifications to master templates and end with a phased deployment, allowing for testing of new settings before they are applied to the entire organization. Configuration managers, ISSOs and System Administrators develop, document and implement security configurations, in addition to STIGs, for the system(s) under their control. No other personnel will be authorized to implement system configuration settings without prior approval. All desktop computers will be sanitized and re-imaged according to established HRSA IT configuration standards prior to being issued to users.
Control Enhancement 1
Security Baseline: <i>High</i>
Supporting Procedures
System Owners or Designated Representatives will centrally manage, apply and verify configuration settings using automated mechanisms.
Control Enhancement 2
Security Baseline: <i>High</i>
Supporting Procedures
System Owners or Designated Representatives will ensure that their systems employ automated mechanisms to respond to unauthorized changes to authorization and/or auditing systems, configuration baselines, log files, and critical system files (including sensitive system and application executables, libraries, and configurations).
Control Enhancement 3
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
Detection of unauthorized, security-related configuration changes will be incorporated into the HRSA's incident response capability for the purpose of tracking, monitoring, correction and availability.
CONFIGURATION SETTINGS (CM-7)
Security Baseline: <i>Low, Moderate, and High</i>

Supporting Procedures
System Owners or Designated Representatives will ensure that their systems' configurations provide only essential capabilities and specifically prohibit and/or restrict the use of functions, ports, protocols, and/or services that are unnecessary or detrimental to the secure operation of the HRSA IT infrastructure. High risk protocols and services, such as Telnet, FTP, etc. will not be used across HRSA network boundaries. Specific configurations will be documented in the applicable STIG and/or configuration document associated with a system (see CM-2).
Control Enhancement 1
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
The Systems Owner or Designated Representative will review the information system configuration quarterly or after a change to the system to identify and eliminate unnecessary functions, ports, protocols, and/or services.
Control Enhancement 2
Security Baseline: <i>High</i>
Supporting Procedures
HRSA systems will employ automated mechanisms to prevent program execution of unauthorized software programs.
INFORMATION SYSTEM COMPONENT INVENTORY (CM-8)
Security Baseline: <i>Low, Moderate, and High</i>
Supporting Procedures
The Systems Owner or Designated Representative will develop, document and maintain a current inventory of all information systems' components. The inventory of information system components shall detail the following: • Information system (IS) of which the component is part; • Type of IS component (e.g., server, desktop, application); • Manufacturer/Model number; Unique identifier and/or Serial number; • Operating system type and version/service pack level; • Presence of virtual machines; • Application software version/license information; • Component owner; • Physical location (e.g., building/room number); • Logical location (e.g., IP address); • Operational Status; • Primary and secondary administrators, and Primary user; and • Number of licenses (if the component is software).

Control Enhancement 1
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
The inventory of system components will be updated when changes to those components occur.
Control Enhancement 2
Security Baseline: <i>High</i>
Supporting Procedures
The Systems Owner or Designated Representative will ensure that mechanisms are implemented to automatically update the systems' component inventory.
Control Enhancement 3
Security Baseline: <i>High</i>
Supporting Procedures
The Systems Owner or Designated Representative will ensure that automated mechanisms are employed to detect the addition of unauthorized components/devices into the information system and disable network access by such components/devices or notifies designated system administrator periodically, at least weekly.
Control Enhancement 4
Security Baseline: <i>High</i>
Supporting Procedures
The Systems Owner or Designated Representative will ensure that an individual(s) is/are designated to account for and administer information system components.
Control Enhancement 5
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
All components within the system authorization boundary will be inventoried as part of the system or recognized by another system as a component within that system.
CONFIGURATION MANAGEMENT PLAN (CM-9)
Security Baseline: <i>Moderate and High</i>

Supporting Procedures

The Systems Owner or Designated Representative will develop, document and implement a configuration management plan (CMP) for the information system.

The CMP contains the following information:

- Addresses roles, responsibilities, and configuration management processes and procedures;
- Define the configuration items for the information system and when in the system development life cycle the configuration items are placed under configuration management; and
- Establish the means for identifying configuration items throughout the system development life cycle and a process for managing the configuration of the configuration items.

5.3 CONTINGENCY PLANNING POLICY AND PROCEDURES

This HRSA Contingency Planning (CP) Policy mandates that all HRSA information systems shall conform to the established contingency planning security controls below.

CONTINGENCY PLANNING POLICY

All HRSA information systems shall have a Contingency Plan (CP) to ensure that a system backup strategy exists and is documented for the enterprise recovery, procedures are in place to recover the system following a contingency, and a calling tree of contingency personnel exists and is current. The CP must be tested *annually* to ensure that it works effectively and the allows for the resumption of essential missions and business functions within a specific amount of time of contingency plan activation.

For all HRSA information systems, an alternate storage/processing site(s) must be identified and necessary agreements, containing priority-of-service provisions, must be in place. The alternate processing site must be geographically separated from the primary processing site (at a minimum *twenty* (20) miles) and must be fully configured to support a minimum required operational capability depending on the system level of risk. Potential accessibility problems to the alternate processing site must be identified and HRSA ensures that the alternate processing site provides information security measures equivalent to that of the primary site.

Primary and alternate telecommunications services to support the information system must be identified; the necessary agreements to permit the resumption of system operations for critical mission/business functions initiated within an agency-defined time period, and the necessary agreements must be documented in the contingency plan. HRSA must ensure that the alternate telecommunications services do not share a single point of failure with primary telecommunications services, that providers are sufficiently separated from primary service providers, and that both primary and alternate service providers have adequate contingency plans.

Information system personnel shall conduct backups of user-level and system-level information contained in the information system (frequency must be defined) and stores backup information at an appropriately secured location. Information system personnel shall test backup information at least *semi-annually* for *moderate* systems and *quarterly* for *high* systems. Backup information must be selectively used in the restoration of information system functions as part of contingency plan testing. Backup copies of the operating system and other critical information system software must be stored in a separate facility or in a fire-rated container that is not collocated with the operational software.

Mechanisms with supporting procedures must be employed to allow the information system to be recovered and reconstituted to the system's original state after disruption or failure. HRSA must ensure that a transaction recovery system is implemented for systems that are transaction-based, and that the recovery and reconstitution of the information system is returned to a known state after a disruption, compromise or failure.

CONTINGENCY PLANNING POLICY AND PROCEDURES (CP-1)

Security Baseline: **Low, Moderate, and High**

Supporting Procedures

For all HRSA information systems, the System Owner or designated representative develops and implements a contingency plan (CP) in accordance with NIST Special Publication 800-34, *Contingency Planning Guide for Information Technology Systems* and the HRSA IT Security Contingency Plan.

1. The system CP...
 - Identifies essential missions and business functions and associated contingency requirements;
 - Provides recovery objectives, restoration priorities, and metrics;
 - Addresses contingency roles, responsibilities, assigned individuals with contact information;
 - Addresses maintenance of essential mission and business functions in the event of an information system disruption, compromise, or failure;
 - Addresses eventual, full information system restoration without deterioration of the security measures originally planned and implemented;
 - Coordinates contingency planning activities with incident handling activities;
 - Is reviewed and approved by the System Owner, Contingency Plan Coordinator, and the HRSA Authorizing Official prior to implementation.
2. The system CP is distributed to the following key contingency personnel:
 - Information System Security Officer (ISSO);
 - System Owner;
 - Contingency Plan Coordinator;
 - System Administrator; and
 - Database Administrator.
3. The system CP is updated **annually**, or when there are changes to HRSA, information system, or environment of operation and problems encountered during contingency plan implementation, execution, or testing.
4. The system CP coordinator or designated representative is responsible for implementing the CP in case of a contingency event.

5. The system CP is distributed to the following key contingency personnel: • Information System Security Officer (ISSO); • System Owner; • Contingency Plan Coordinator; • System Administrator; and • Database Administrator. 6. The system CP is updated <i>annually</i>, or when there are changes to HRSA, information system, or environment of operation and problems encountered during contingency plan implementation, execution, or testing. 7. The system CP coordinator or designated representative is responsible for activating the CP in case of a contingency event.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
ISSOs, System and Network Administrators coordinate their contingency plan development and implementation with other HRSA entities responsible for related plans, such as the Business Continuity Plan (BCP), Disaster Recovery Plan (DRP), Continuity of Operations Plan (COOP), Business Recovery Plan (BRP), Incident Response Plan (IRP), and Emergency Action Plan (EAP).
Control Enhancement 2
Security Baseline: High
Supporting Procedures
All HRSA System Owners and ISSOs conduct capacity planning so that the necessary capacity for information processing, telecommunications, and environmental support exists during crisis situations.
Control Enhancement 3
Security Baseline: High
Supporting Procedures
All System Owners and ISSOs plan for the resumption of essential missions and business functions as defined in the system CP.
CONTINGENCY TRAINING (CP-3)
Security Baseline: Low, Moderate, and High

Supporting Procedures
Personnel involved in executing the contingency plan receive <i>annual</i> training in their contingency roles and responsibilities with respect to the information systems. The contingency plan conducts annual contingency plan training, which may coincide with contingency plan testing.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
Contingency personnel have training that incorporates simulated events to facilitate effective response by personnel in crisis situations.
CONTINGENCY PLAN TESTING AND EXERCISES (CP-4)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All HRSA information systems have their contingency plan tested at least <i>annually</i>. HRSA System Owner or the designated representative defines tests and/or exercises, using HRSA Contingency Plan templates. The tests and exercises are used to determine the effectiveness and the participant's readiness to execute the plan. The depth and rigor of contingency plan testing and/or exercises increases with the FIPS 199 categorization impact level of the information system (i.e., a high categorized information system will go through a more rigorous contingency plan test compared to a low categorized system). Contingency plan test/exercise results will be documented and reviewed after testing has been completed and any corrective action will be initiated and documented accordingly.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
All HRSA information systems' contingency plan testing/exercises coordinate with other HRSA entities responsible for related plans such as the Business Continuity Plan (BCP), Disaster Recovery Plan (DRP), Continuity of Operations Plan (COOP), Business Recovery Plan (BRP), Incident Response Plan (IRP), and Emergency Action Plan (EAP).
Control Enhancement 2
Security Baseline: High

Supporting Procedures
All HRSA information System Owners and ISSOs conduct contingency plan tests/exercises at the alternate processing site to familiarize contingency personnel with the facility and available resources and to evaluate the site's capabilities to support contingency operations.
Control Enhancement 4
Security Baseline: High
Supporting Procedures
All HRSA information systems incorporate full recovery and reconstitution as part of contingency plan testing.
ALTERNATE STORAGE SITE (CP-6)
Security Baseline: Moderate and High
Supporting Procedures
There is an alternate storage site for information backup that includes the necessary agreements to permit the storage of the information system backup for information systems. The transfer of backup information to the alternate storage site is consistent with the return time objectives (RTO) and recovery point objectives (RPO) defined in each information system's contingency plan as well as other organization-wide related plans (e.g., DRP, COOP, BRP, etc.).
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
For all HRSA information systems, the alternate storage site is geographically separated from the primary storage site so as not to be susceptible to the same hazards. Depending on the level of risk, the alternate storage site is separated from the primary by at least twenty (20) miles.
Control Enhancement 2
Security Baseline: High
Supporting Procedures
For all HRSA information systems, the alternate storage site is configured to facilitate timely and effective recovery operations.
Control Enhancement 3
Security Baseline: Moderate and High

Supporting Procedures
HRSA System Owners identify and document in their contingency plan potential accessibility problems to the alternate storage site in the event of an area-wide disruption or disaster (e.g., massive power outage, bomb threat) and also include explicit mitigation actions.
ALTERNATE PROCESSING SITE (CP-7)
Security Baseline: Moderate and High
Supporting Procedures
For HRSA information systems, an alternate processing site is identified and has necessary agreements to permit the resumption of information system operations for HRSA critical mission/business functions. Depending on the risk level of the system, critical mission/business functions will be restored at the alternate processing site, at a minimum, within <i>ten (10) days</i> after the primary site's processing capabilities are unavailable. Shorter time frames may be necessary depending on the mission criticality of the system. An allowable outage time is specified in the system CP or COOP for the business function(s) supported by the system.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
HRSA information systems have an alternate processing site that is geographically separated from the primary processing site so as not be susceptible to the same hazards. Depending on the level of risk, the alternate processing site is separated from the primary site by at least twenty (20) miles.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
HRSA information System Owners identify and document potential accessibility problems to the alternate processing site in the event of an area-wide disruption or disaster and will include explicit mitigation actions.
Control Enhancement 3
Security Baseline: Moderate and High

Supporting Procedures
HRSA information systems' alternate processing site(s) have an agreement(s) with HRSA that contain priority-of-service provisions in accordance with HRSA ten (10) days availability requirements.
Control Enhancement 4
Security Baseline: High
Supporting Procedures
The alternate processing site is ready for use as the operational site supporting a minimum required operational capability as documented in the information system's Contingency Plans.
Control Enhancement 5
Security Baseline: Moderate and High
Supporting Procedures
The alternate processing site provides information security measures equivalent to that of the primary site.
TELECOMMUNICATION SERVICES (CP-8)
Security Baseline: Moderate and High
Supporting Procedures
Primary and alternate telecommunication services will be identified and documented in the associated system's CP for support. Necessary agreements will also be initiated to permit the resumption of system operations for critical mission/business functions within <i>seventy two (72)</i> hours when the primary telecommunication capabilities are unavailable. <i>Seventy two (72)</i> hours is a maximum standard. Shorter time frames may be necessary depending on the mission criticality of the system. If the primary and/or alternate telecommunications services are provided by a common carrier, Telecommunications Service Priority (TSP) for all services will be requested for national security emergency preparedness. An allowable outage time will be specified in the system CP or COOP for the business function(s) supported by the system.
Control Enhancement 1
Security Baseline: Moderate and High

Supporting Procedures
HRSA information systems will develop primary and alternate telecommunication service agreements that contain priority-of-service provisions in accordance with the system's availability requirements.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
Alternate telecommunications services do not share a single point of failure with primary telecommunications services.
Control Enhancement 3
Security Baseline: High
Supporting Procedures
HRSA information systems have alternate telecommunications service providers that are sufficiently separated from primary service providers so as not to be susceptible to the same hazards.
Control Enhancement 4
Security Baseline: High
Supporting Procedures
HRSA information systems' primary and alternate telecommunications service providers have adequate contingency plans.
INFORMATION SYSTEM BACKUP (CP-9)
Security Baseline: Low, Moderate and High
Supporting Procedures
Backups of user-level information, system-level information, and system and security documentation will be conducted <i>daily (incremental)</i> for critical systems (e.g., HRSA GSS and <i>high</i> information systems) and <i>full weekly</i> for non-critical systems. Backup information at the storage location will be properly secured. The frequency and transfer of system backup information to alternate storage sites will be consistent with the system's RTO and RPO defined in the system's Contingency Plan. Confidentiality and integrity of backup information will be protected at the storage location.
Control Enhancement 1
Security Baseline: Moderate and High

Supporting Procedures
Information systems' backups are tested at least <i>semi-annually</i> for <i>moderate</i> systems and <i>quarterly</i> for <i>high</i> systems, for media reliability and information integrity.
Control Enhancement 2
Security Baseline: High
Supporting Procedures
Information systems selectively use backup information in the restoration of information system functions as part of contingency plan testing.
Control Enhancement 3
Security Baseline: High
Supporting Procedures
Backup copies of the operating system on which the information systems reside, as well as other critical information system software, will be stored in a separate facility or in a fire-rated container that is not collocated with the operational software.
INFORMATION SYSTEM RECOVERY AND RECONSTITUTION (CP-10)
Security Baseline: Low, Moderate and High
Supporting Procedures
All HRSA information systems employ mechanisms, with supporting documented procedures, to allow information systems to be recovered and reconstituted to the systems' original state after a disruption or failure. See the Minimum Security Baseline document and Contingency Plan. This may include the following: • Reinstalling security patches; • Reestablishing security-related configuration settings; • Making sure system documentation and operating procedures are available; • Reinstalling and reconfiguring application and system software; • Loading the most recent and secure backup; and testing the information system.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
All information systems that are transaction-based implement automated mechanisms for transaction recovery.
Control Enhancement 3
Security Baseline: Moderate and High

Supporting Procedures
Compensating security controls are in place in the event the system cannot be recovered and reconstituted to a known state during the time specified in the system CP. All compensating controls are documented in the system security plan (SSP).
Control Enhancement 4
Security Baseline: High
Supporting Procedures
Information systems have the capability to reimage information system components from configuration-controlled and integrity-protected disk images representing a secure, operational state for the components.

5.4 INCIDENT RESPONSE POLICY AND PROCEDURES

This HRSA Incident Response Policy mandates that all HRSA Bureaus and offices conform to the established Incident Response controls below.

INCIDENT RESPONSE POLICY
The HRSA Incident Response Team (IRT) shall develop, disseminate, review and update the incident handling process. HRSA shall provide appropriate incident response training for all members of the HRSA Incident Response Team (IRT), system and network administrators, database administrators, helpdesk personnel, and other users with significant incident response responsibilities as part of their roles and responsibilities when beginning employment and at least annually thereafter. For HRSA moderate and high information systems, tests and/or exercises of incident response capabilities must be conducted annually using HRSA-defined tests and exercises developed by HRSA IRT to determine incident response effectiveness. Lessons learned from ongoing incident handling activities shall be incorporated into incident response procedures, training, and testing/exercises, and the resulting changes must be implemented accordingly. The HRSA IRT shall track and document security incidents on an ongoing basis. Incidents found on information systems during vulnerability scans shall also be reported in accordance with this policy. Refer to the Risk Assessment Policy for more information on conducting vulnerability scans. All HRSA system users shall report all suspected and confirmed IT security and privacy incidents to the HRSA Helpdesk and/or IRT immediately. If an incident involves a confirmed or suspected violation of the law, or employee or contractor misconduct, HRSA IRT shall report the incident to the Office of Inspector General (OIG) in accordance with established Department and HRSA policies and procedures. The HRSA IRT shall report incidents to the appropriate authorities as specified by US-CERT within the established timeframes. The HRSA IRT shall employ automated mechanisms to increase the availability of incident response-related information and support. The HRSA IRT shall include the HRSA Chief Information Security Officer (CISO), IRT Branch Chief, as well as appointed representatives from the offices of Division of IT Operations and Customer Service (DITOCS), and IT Security Staff (ITSS). The HRSA IRT shall develop an Incident Response Plan (IRP). All HRSA internal IT systems may use HRSA's established IRP. For HRSA external systems, the system owner or designated representative may develop a separate incident response plan compliant with HRSA's established IRP. The IRP shall be updated periodically, at least annually.
INCIDENT RESPONSE POLICY AND PROCEDURES (IR-1)
Security Baseline: Low, Moderate, and High

Supporting Procedures
The HRSA CISO will review and update this policy, associated standards, and procedures annually, or as necessary.
INCIDENT RESPONSE TRAINING (IR-2)
Security Baseline: Low, Moderate, and High
Supporting Procedures
System Owners designate personnel with incident response roles and responsibilities and ensure that these individuals receive training consistent with HRSA Incident Response Standard Operating Procedures (SOPs). The HRSA Incident Response SOPs can be found at https://sharepoint.hrsa.gov/oo/oit/DITSRM/Pages/SOCTeam.aspx . HRSA ITSS conducts annual training which details the incident response process.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
The HRSA IRT incorporates simulated events based on real network incidents into the incident response training.
Control Enhancement 2
Security Baseline: High
Supporting Procedures
The HRSA IRT incorporates a commercial off the shelf tool into their incident response training as an automated tool.
INCIDENT RESPONSE TESTING AND EXERCISES (IR-3)
Security Baseline: Moderate, and High
Supporting Procedures
Tests /and or Simulated exercises of incident response capabilities will be conducted <i>annually</i> , ISSOs will document their results, obtain approval from the CISO and Information Technology Operations Management and Customer Services (ITOCS) Director and then incorporate lessons learned into the existing incident response procedures.

INCIDENT HANDLING (IR-4)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA IRT incident handling process consists of 6 phases: 1. Preparation; 2. Detection; 3. Analysis; 4. Containment; 5. Eradication; and 6. Recovery. For details concerning these six phases of the incident response process please refer to the HRSA Cyber Incident Response Standard Operating Procedure (SOP) available at: https://sharepoint.hrsa.gov/oo/oit/DITSRM/Pages/SOCTeam.aspx.
Control Enhancement 1
Security Baseline: Moderate, and High
Supporting Procedures
Automated mechanisms are used to support the incident handling process.
INCIDENT MONITORING (IR-5)
Security Baseline: Low, Moderate, and High
Supporting Procedures
HRSA IRT is responsible for collecting incident monitoring information and acting upon it as specified in the established incident response procedures. The IRT monitors all incidents using an automated software tool provided by HHS. The tool provides a mass database for incidents from HHS and a great resource for monitoring and mitigating incidents.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
HRSA employs automated mechanisms to assist in the tracking of security incidents and in the collection and analysis of incident information.

INCIDENT REPORTING (IR-6)
Security Baseline: Low, Moderate, and High
Supporting Procedures
For HRSA information systems that process and store personally identifiable information (PII), the HRSA IRT reports incidents to the Department within <i>one (1) hour</i> of the incident discovery. For HRSA information systems which do <i>not</i> store or handle PII, the HRSA IRT follows the <i>Federal Incident Reporting Guidelines</i> available at http://www.us-cert.gov/federal/reportingRequirements.html from the United States Computer Emergency Readiness Team (US-CERT).
Control Enhancement 1
Security Baseline: Moderate, and High
Supporting Procedures
HRSA employs a HHS provided application as an automated mechanism to assist in reporting security incidents to higher authorities (e.g., US-CERT, HHS CSIRC).
INCIDENT RESPONSE ASSISTANCE (IR-7)
Security Baseline: Low, Moderate, and High
Supporting Procedures
HRSA IRT assists system users in handling and reporting security incidents through broadcast messages, ITSS newsletters, and annual training.
Control Enhancement 1
Security Baseline: Moderate, and High
Supporting Procedures
The HRSA IRT employs automated mechanisms (HHS provided tools) to increase the availability of incident response-related information and support.
INCIDENT RESPONSE PLAN (IR-8)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA IRP encompasses the following: • Provides a roadmap for implementing the HRSA incident response capability; • Provides a high-level approach for how the incident response capability fits into HRSA, especially how it meets HRSA's mission and organization requirements;

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|---|
| <ul style="list-style-type: none">• Describes a process for incident handling and reporting;• Defines reportable incidents; and• Defines the resources and management support as part of the HRSA IRT needed to effectively maintain the HRSA incident response capability. |
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5.5 SYSTEM MAINTENANCE POLICY AND PROCEDURES

This HRSA Maintenance (MA) Policy mandates that all HRSA information systems shall conform to the established maintenance security controls below.

SYSTEM MAINTENANCE POLICY

Routine preventative and regular maintenance (including repairs) on the components of all information systems shall be scheduled, performed (in accordance with HRSA procedures which may reference manufacturer or vendor specifications), documented, and reviewed. All HRSA **Moderate** and **High** systems maintenance records shall include: (i) the date and time of maintenance; (ii) the name of the individual performing the maintenance; (iii) the name of escort, if necessary; (iv) a description of the maintenance performed; and (v) a list of equipment removed and replaced (including identification numbers, if applicable). All HRSA **High** systems shall employ automated mechanisms to schedule, conduct, and document any maintenance and repairs as required.

For all HRSA systems, internal and external, all maintenance tools shall be approved, controlled, and monitored, and maintained on an ongoing basis. For all HRSA internal **Moderate** and **High** systems, the Network Operations Official shall (i) inspect all maintenance tools carried into a facility by maintenance personnel for improper modifications, and (ii) check all media containing diagnostic and test programs for malicious code before the media are used in the information system. For all HRSA **High** systems, a Network Operations Official shall prevent the unauthorized removal of maintenance equipment by one of the following: (i) verifying there is no HRSA sensitive information contained on the equipment; (ii) sanitizing or destroying the equipment; (iii) retaining the equipment within the facility; or (iv) obtaining an exemption from a designated organization official explicitly authorizing removal of the equipment from the facility.

For all HRSA external systems, the System Owner or Designated Representative shall ensure that maintenance tools are approved, controlled, and monitored, and that the maintenance tools themselves are maintained on an ongoing basis. For all HRSA **Moderate** and **High** systems, the System Owner or Designated Representative shall (i) inspect all maintenance tools carried into a facility by maintenance personnel for improper modifications, and (ii) check all media containing diagnostic and test programs for malicious code before the media are used in the information system. For all HRSA **High** systems, the System Owner or Designated Representative shall prevent the unauthorized removal of maintenance equipment by one of the following: (i) verifying there is no HRSA sensitive information contained on the equipment; (ii) sanitizing or destroying the equipment; (iii) retaining the equipment within the facility; or (iv) obtaining an exemption from a designated organization official explicitly authorizing removal of the equipment from the facility.

For non-local maintenance and diagnostic services, all System Owners or Designated Representatives shall ensure that: (i) services are authorized, monitored, and controlled; (ii) tools are allowed consistent with HRSA policy and documented in the security plan for the information system; (iii) strong identification and authentication techniques are employed in the

establishment of sessions; (iv) records are maintained activities; and (v) all sessions and network connections are terminated when non-local maintenance is completed. For all HRSA **Moderate** and **High** systems, (i) non-local maintenance and diagnostic sessions shall be audited, and designated organizational personnel review the maintenance records of the sessions; and (ii) the installation and use of non-local maintenance and diagnostic connections shall be documented in the security plan of the information system.

All System Owners or Designated Representatives shall ensure that only authorized personnel are allowed to perform maintenance on the information system.

All System Owners or Designated Representatives shall ensure that appropriate protection of information systems or components during removals.

For all HRSA internal systems, a designated Network Operations official shall approve the removal of components for offsite maintenance/repairs; and shall ensure that equipment and associated media are sanitized prior to removal from the HRSA Data Center for offsite maintenance for repairs.

For all HRSA external systems, the System Owner or Designated Representative shall approve the removal of components for offsite maintenance/repairs; and shall ensure that equipment and associated media are sanitized prior to removal from their facility for offsite maintenance for repairs.

For all HRSA **High** systems, the System Owner or Designated Representative shall ensure that automated mechanisms are employed to schedule, conduct and document maintenance and repairs as required, producing up-to date, accurate, complete, and available records of all maintenance and repair actions, needed, in process, and completed.

SYSTEM MAINTENANCE POLICY AND PROCEDURES (MA-1)

Security Baseline: ***Low, Moderate, and High***

Supporting Procedures

The HRSA CISO reviews and updates the System Maintenance policy, associated procedures and standards annually or as necessary.

CONTROLLED MAINTENANCE (MA-2)

Security Baseline: ***Low, Moderate, and High***

Supporting Procedures
Maintenance on all HRSA information systems will follow the requirements listed below: System maintenance, including remote maintenance, must be performed on a routine basis in compliance with HRSA security policies, standards and procedures. System Administrators are responsible for scheduling and, to the extent possible, performing routine/preventative maintenance and repairs in accordance with the manufacturer or vendor specifications, or any operational requirements of the respective data center/server room. Any maintenance, including repairs, will be documented by System Administrators, or by Network Administrators. The CISO, in conjunction with the ISSO, will review maintenance records periodically. The system owner or designated representative will approve the removal of the information system or information system components from the facility when repairs are necessary. All maintenance activities of on-premise assets will be performed on-site or from a remote site via a secured link, such as an encrypted virtual private network (VPN). All equipment that requires to be sent outside the HRSA premises for off-site maintenance or repairs will be sanitized to erase all information from associated media prior to removal. System Administrators are responsibility for verifying that security controls remain effective after maintenance has been completed.
Control Enhancement 1
Security Baseline: <i>Moderate, and High</i>
Supporting Procedures
For HRSA moderate and high information systems, maintenance records will include the following components: • Date and time of maintenance; • Name of the individual performing the maintenance; • Name of escort (if necessary); • Description of the maintenance performed (must include purpose); and • Lists of equipment removed or replaced using the same inventory criteria defined in control CM-8, or another identification number if applicable.
Control Enhancement 2
Security Baseline: <i>High</i>
Supporting Procedures
System Administrators will employ automated mechanisms to schedule and conduct maintenance as required, and to create up-to-date, accurate, complete and available records of all maintenance actions as needed.
MAINTENANCE TOOLS (MA-3)
Security Baseline: <i>Moderate and High</i>

Supporting Procedures
The System Owner, Designated Representative, or a Network Operations Official will approve and monitor the use of information system maintenance tools (hardware and software) for the use of diagnostic and repair actions. System Administrators are responsible for maintaining the diagnostic tools consistent with HRSA security policies, standards and procedures.
Control Enhancement 1
Security Baseline: <i>Moderate, and High</i>
Supporting Procedures
The System Owner, Designated Representative, or a Network Operations Official will inspect all maintenance tools (including diagnostic equipment, media and replacement parts) brought on-premises by maintenance personnel for improper modifications.
Control Enhancement 2
Security Baseline: <i>High</i>
Supporting Procedures
The System Owner, Designated Representative, or a Network Operations Official will check all media containing diagnostic and test programs for malicious prior to the media's use in an information system.
Control Enhancement 3
Security Baseline: <i>High</i>
Supporting Procedures
The System Owner, Designated Representative, or a Network Operations Official will inspect all maintenance equipment with the capability of retaining information so that no HRSA information exits the organization without proper prior sanitization. If the equipment cannot be sanitized, it must be destroyed or remain in the facility in a secured manner.
NON-LOCAL MAINTENANCE (MA-4)
Security Baseline: <i>Low, Moderate, and High</i>

Supporting Procedures
Non-local maintenance is defined as any system maintenance activities performed on an HRSA information system from an external network (e.g., the Internet) or an internal network. Local maintenance and diagnostics activities refer to those activities performed by individuals physically present at the information system or component and not connecting from another network. Maintenance and diagnostic activities performed outside the organization will be authorized, monitored, and controlled for all HRSA systems by the System Owner or a Designated Representative. Maintenance records will be maintained for all non-local maintenance and diagnostic activities. Non-local maintenance by a third party will be prohibited unless compelling business justification exists that warrants such activities to be performed (i.e., such as to provide limited system access to a vendor instead of providing a vendor with full internal network access through a VPN connection). Strong identification and authentication techniques will be employed in the establishment of maintenance and diagnostic sessions. All connection sessions and network connections will be terminated upon completion of non-local maintenance. All non-local maintenance activities will adhere to the following requirements: • The CISO must review and approve planned remote maintenance or repair activities that will be performed by a third party. • Any firewall rule exceptions must be approved by the CISO and must follow the HRSA Change Control Process (CCP). • Only the minimum user rights necessary to perform remote maintenance tasks will be granted. • Administrative or root level privileges for remote maintenance will not be permitted unless such privileges are granted temporarily and the session is monitored by an authorized HRSA employee or contractor. • These requirements will be part of the contract under which the maintenance or diagnostic activities are being conducted.
Control Enhancement 1
Security Baseline: <i>Moderate, and High</i>
Supporting Procedures
All non-local maintenance and diagnostic sessions will be audited according to the established audit policy (AU-2 through AU-6). The System Owner, Designated Representative, or a Network Operations Official will review the maintenance records of remote sessions <i>monthly</i>.
Control Enhancement 2
Security Baseline: <i>Moderate, and High</i>

Supporting Procedures
The installation and use of non-local diagnostic maintenance links will be documented in the associated system security plan and configured to be consistent with HRSA security policies and standard requirements for remote access (AC-18 and SC-1). In addition, a log will be kept for each remote access maintenance activity which must record the following: • The date and time of maintenance; • Name of the individual and organization performing the maintenance; and • Description of the maintenance performed.
Control Enhancement 3
Security Baseline: <i>High</i>
Supporting Procedures
Non-local maintenance or diagnostic services are prohibited unless a provider implements its own level of information system security at least as high as the system being serviced. If non-local maintenance is performed, the component being serviced will be removed from the information system and sanitized before removal from the facilities where the component resides and after the service is performed. All system components will be properly inspected for potential malicious software and surreptitious implants prior to reconnecting them to the system.
MAINTENANCE PERSONNEL (MA-5)
Security Baseline: <i>Low, Moderate, and High</i>
Supporting Procedures
Only authorized personnel will be allowed to perform maintenance on HRSA information systems. Authorized personnel will only have the necessary system access permissions to perform the required system maintenance, whether working on-site or from a remote location. For all HRSA information systems, a process will be established to authorize maintenance personnel and maintain a current list of authorized maintenance organizations and/or personnel.
TIMELY MAINTENANCE (MA-6)
Security Baseline: <i>Moderate, and High</i>
Supporting Procedures
The System Owner, Designated Representative, or a Network Operations Official will obtain maintenance support and spare parts for system components that have allowable outage time in the event of a failure. The allowable outage time will be documented in the system's Business Impact Analysis and/or Contingency Plan.

5.6 MEDIA PROTECTION POLICY AND PROCEDURES

This HRSA Maintenance (MA) Policy mandates that all HRSA information systems shall conform to the established maintenance security controls below.

MEDIA PROTECTION POLICY
Media protection shall be applied to all HRSA information systems. The appropriate hardware, software, and procedural media protection mechanisms shall be defined and developed with the SSP and updated and maintained over time. According to procedures and standards set forth by HRSA, the information system shall implement a media protection program that consists of having proper media labeling, storage, destruction, and sanitization procedures and mechanisms in place, as well as ensuring that only authorized users have access to information system media. All HRSA agencies shall review the media protection mechanisms on an annual basis when the security self-assessments are performed.
MEDIA PROTECTION POLICY AND PROCEDURES (MP-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO will review and update this policy, associated procedures and standards <i>annually</i> or as necessary.
MEDIA ACCESS (MP-2)
Security Baseline: Low, Moderate, and High
Supporting Procedures
1. System and/or information owners will establish guidelines for protecting digital and non-digital media from unauthorized access, modification and removal from HRSA facilities. These guidelines will be documented or referenced in the respective System Security Plan. Information system media includes both digital media (e.g., diskettes, magnetic tapes, external/removable hard drives, flash/thumb drives, compact disks, DVDs) and non-digital media (e.g., paper, microfilm). 2. All personally-owned devices, including USB drives, Firewire, etc. are prohibited to be used on all HRSA information systems. 3. This control also applies to portable and mobile computing and communications devices with information storage capability (e.g., notebook computers, personal digital assistants, and cellular telephones).
Control Enhancement 1
Security Baseline: Moderate and High

Supporting Procedures
Automated mechanisms will be employed to restrict and audit access attempts and access granted to media storage areas. A media storage area is an area specifically designed to store significant amounts of media (either digital or non-digital) associated with a system. This control is not intended to apply to every location where media is stored such as individual offices. The System or Information Owner will identify any such media storage areas under their jurisdictions and take the appropriate steps, with the cooperation of those responsible for storing such media, to safeguard the stored information.
MEDIA LABELING (MP-3)
Security Baseline: Moderate, and High
Supporting Procedures
- The system administrator will clearly label removable information system media with a description of: - The media contents; - Restrictions on where and when media may be transported; and - Instructions or guidelines for proper use, storage, or transfer, as applicable. - Any media and hardware exempted from labeling will remain within a certified data center.
MEDIA STORAGE (MP-4)
Security Baseline: Moderate, and High
Supporting Procedures
- The system and/or information owners will physically control and securely store information system media, both digital and non-digital, within designated controlled areas. A controlled area is any area or space in HRSA possessing physical and procedural protections (e.g.: protected rooms and data centers) sufficient to prevent the loss, destruction or unauthorized disclosure of the data contained on the media. - All information system media will be thoroughly sanitized before it is released out of organization control. - This control applies to portable and mobile computing and communications devices with information storage capability (e.g., notebook computers, personal digital assistants, thumb drives, telephone/voicemail systems including Voice over IP Systems, and cellular telephones).

MEDIA TRANSPORT (MP-5)
Security Baseline: Moderate, and High
Supporting Procedures
1. System and/or information owners will establish procedures for controlling information system media (digital and non-digital) during transport outside of controlled areas and restrict the transport of such media to authorized personnel commensurate with the FIPS 199 security categorizations for confidentiality and integrity of the data. 2. All media containing sensitive information will be protected using cryptography or similar protective measures before transported outside controlled areas. 3. This control also applies to portable and mobile computing and communications devices with information storage capability (e.g., notebook computers, personal digital assistants, thumb drives, telephone/voicemail systems including Voice over IP Systems, cellular telephones) that are transported outside of HRSA-controlled areas.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
All activities associated with transportation of media outside of HRSA controlled facilities will be documented according to the requirements identified in the associated HRSA Media Protection Procedures.
Control Enhancement 3
Security Baseline: High
Supporting Procedures
The System Owner will appoint a data custodian to monitor the transport of removable information system media both inside and outside HRSA facilities. The System Owner will also establish documentation (including rules, guidelines and instructions) associated with storage, transport and usage of such media.
Control Enhancement 4
Security Baseline: Moderate and High
Supporting Procedures
All media transported outside HRSA controlled areas are encrypted with a HRSA approved software to protect the confidentiality and integrity of the data.
MEDIA SANITIZATION (MP-6)
Security Baseline: Moderate, and High

Supporting Procedures
1. All digital information system media will be sanitized before disposal or release for reuse according to NIST Special Publication 800-88, Guidelines for Media Sanitization and HRSA Media Protection Procedures. This includes servers reassigned to other functions as well as printers and fax and copy machines that are being replaced, serviced or no longer needed. Non-digital media (e.g. paper) will be shredded unless it is considered to be a federal record. 2. All digital data considered to be a federal record must be saved before erasure in accordance with applicable records management laws and regulations. The disposal of any HRSA sensitive information will be in compliance with federal regulations. 3. All sanitization mechanism employed will have the strength and integrity commensurate with the classification or sensitivity of the information.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
The System Administrator or Information Owner will track, document and verify the sanitization and disposal of removable media.
Control Enhancement 2
Security Baseline: High
Supporting Procedures
The System Administrator will periodically test and verify the proper operation of media sanitization equipment.
Control Enhancement 3
Security Baseline: High
Supporting Procedures
All portable storage devices will be appropriately sanitized prior to connecting such devices to any information system.

5.7 PHYSICAL AND ENVIRONMENTAL PROTECTION POLICY AND PROCEDURES

This HRSA Physical and Environmental (PE) Policy mandates that all HRSA information systems must conform to the established physical and environmental security controls below.

PHYSICAL AND ENVIRONMENTAL PROTECTION POLICY
Physical and environmental protection controls must be established and applied to all HRSA information systems. The appropriate physical and environmental protections, procedures, and mechanisms must be defined and developed during the Planning & Requirements Definition Phase of the system development life cycle, and updated and maintained throughout the remaining life cycle phases for the system in accordance with the SDLC. According to procedures and standards set forth by the Department, the information system must follow such established requirements on physical access authorizations and control, access controls for display medium, monitoring physical access, controlling visitor access, maintaining visitor logs, protecting information system equipment and cabling, providing emergency power, shutoff, and lighting, protection from water and fire, maintain temperature and humidity control, and establish security controls at alternate work sites. All HRSA agencies shall review the physical and environmental protection controls on an annual basis when the self-assessments are performed.
PHYSICAL AND ENVIRONMENTAL PROTECTION POLICY AND PROCEDURES (PE-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO will review and update this policy, associated standards, and procedures <i>annually</i> , or as necessary.
PHYSICAL ACCESS AUTHORIZATIONS (PE-2)
Security Baseline: Low, Moderate, and High

Supporting Procedures
1. A current list of personnel with authorized access to facilities where HRSA information systems reside will be developed and kept current by the Program Support Center (PSC), in conjunction with HRSA bureau directors, except for those areas that are officially designated as publicly accessible. 2. Access list(s) and authorization credentials (badges) to information systems residing within the HRSA IT infrastructure will be reviewed by the System Owner and Information System Security Officer (ISSO) at least <i>annually</i>. Changes to any access authorization will be communicated to PSC when an employee, volunteer or contractor no longer requires building access. PSC will take the appropriate actions to ensure such personnel no longer have access to HRSA facilities. 3. For information systems that reside outside the HRSA IT infrastructure, the System Owner and ISSO will be responsible for keeping and reviewing (on an <i>annual</i> basis) a current list of personnel with authorized access to the facilities where their information system resides.
PHYSICAL ACCESS CONTROL (PE-3)
Security Baseline: Low, Moderate, and High

Supporting Procedures
1. All facilities' physical access points where HRSA information systems reside, including designated entry/exit points, will be controlled appropriately, except for those areas within the facility officially designated as publicly accessible. 2. Physical access of individuals to HRSA facilities where information systems reside will be verified for access authorization with the requesting individuals' (e.g., employees, contractors, and volunteers) managers or supervisors before granting such access. 3. Facilities housing HRSA information systems will use physical access devices (e.g., keys, locks, combinations, card readers) and/or security guards to control entries into the facility. 4. Facilities housing HRSA information systems will follow the requirements described below to physically secure all HRSA assets: • Keys, combinations, and other physical access devices will be inventoried <i>annually</i> and kept in a secure location; • Combination locks will be changed at least every <i>180 days</i> for facilities where <i>low</i> systems reside and every <i>90 days</i> for facilities where <i>moderate</i> and <i>high</i> systems reside, when suspected of compromise, or when individuals are transferred or terminated; • Keys will be changed when lost, suspected of compromise, or when individuals are transferred or terminated; and • Where the federal Personal Identity Verification (PIV) credential is employed, the access control system shall conform to the requirements of FIPS 201-1 and NIST SP 800-73, <i>Interfaces for Personal Identity Verification</i>.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
For HRSA information systems, physical access controls to the systems are required in addition to, and independent of, the physical access controls for the facility.
ACCESS CONTROL FOR TRANSMISSION MEDIUM (PE-4)
Security Baseline: Moderate, and High

Supporting Procedures
1. For HRSA information systems, maintenance of physical access controls to the system distribution and transmission lines within HRSA facilities are required. 2. Protective measures to control physical access to information system distribution and transmission lines include (but are not limited to): (i) locked wiring closets; (ii) disconnected or locked spare jacks; and/or (iii) protection of cabling by conduit or cable trays.
ACCESS CONTROL FOR OUTPUT DEVICES (PE-5)
Security Baseline: Moderate, and High
Supporting Procedures
For all HRSA information systems, physical access to system devices that display information will be appropriately controlled in order to prevent unauthorized individuals from observing the display output where the opportunity exists.
MONITORING PHYSICAL ACCESS (PE-6)
Security Baseline: Low, Moderate, and High
Supporting Procedures
1. Physical access to all HRSA information systems will be monitored to detect and respond to physical security incidents through the use of access logs. For HRSA data center, all access logs shall be reviewed by personnel within PSC on a <i>weekly</i> basis. 2. Any security violations or suspicious physical access activities will be investigated. The established Standard Operating Procedures (SOP) by PSC will be used to investigate security violations involving HRSA assets.
Control Enhancement 1
Security Baseline: Moderate, and High
Supporting Procedures
For all HRSA information systems, real-time physical intrusion alarms and surveillance equipment will be used to monitor and detect physical intrusions. Any detected intrusion attempts will follow the established SOP.
Control Enhancement 2
Security Baseline: High

Supporting Procedures
For all HRSA information systems, automated mechanisms will be used to monitor and detect physical intrusions. Any detected intrusion attempts will follow the established SOP.
VISITOR CONTROL (PE-7)
Security Baseline: Low, Moderate, and High
Supporting Procedures
1. Physical access to all information systems will be controlled through authenticating visitors before access to the facility where the information system resides is permitted, except for areas that are officially designated as publicly accessible. 2. Government employees, contractors, and others with permanent authorization credentials are not considered visitors. 3. FIPS 201 will be adhered to for authenticating personnel that have PIV credentials. The issuing organization(s) for PIV credentials shall be accredited in accordance with provisions from NIST SP 800-79, <i>Guidelines for the Certification and Accreditation of PIV Card Issuing Organizations</i>.
Control Enhancement 1
Security Baseline: Moderate, and High
Supporting Procedures
All visitors will be escorted and monitored while on HRSA premises and on facilities where external HRSA systems reside.
ACCESS RECORDS (PE-8)
Security Baseline: Low, Moderate, and High

Supporting Procedures
1. Visitor access records to the facilities housing all HRSA information systems will be maintained except for those areas that are officially designated as publicly accessible. 2. The access records will include • Name and organization of the person visiting; • Signature of the visitor; • Form of identification; • Date of access; • Time of entry and departure; • Purpose of visit; and • Name and organization of person visited. 3. Designated officials with physical security responsibilities will review access records weekly.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
Automated mechanisms to facilitate the maintenance and review of access records will be employed.
Control Enhancement 2
Security Baseline: High
Supporting Procedures
Records of all physical access, both visitor and authorized individuals, will be maintained.
POWER EQUIPMENT AND POWER CABLING (PE-9)
Security Baseline: Moderate, and High
Supporting Procedures
For all HRSA information systems, power equipment(s) and power cabling will be protected from damage and destruction.
EMERGENCY SHUTOFF (PE-10)
Security Baseline: Moderate, and High

Supporting Procedures
For all HRSA information systems, emergency valves/switches will be available to shut off power to any information system component that may be malfunctioning or threatened. This will be done without possibly endangering personnel by requiring them to approach the equipment. This control applies to all facilities housing information systems, such as data centers and server rooms.
EMERGENCY POWER (PE-11)
Security Baseline: Moderate, and High
Supporting Procedures
The facilities housing HRSA information systems will have a short-term uninterruptible power supply to allow for an orderly shutdown of the information system in the event of a primary power loss.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
For HRSA information systems, the facilities housing the system will provide a long-term alternate power supply that is capable of maintaining minimally required operational capability in the event of an extended loss of the primary power source.
EMERGENCY LIGHTING (PE-12)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All facilities housing HRSA information systems, emergency exits and evacuation routes, will employ and maintain automatic emergency lighting that activates automatically in the event of a power outage or disruption.
FIRE PROTECTION (PE-13)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All facilities housing HRSA information systems will employ and maintain fire suppression and detection devices/systems that can be activated in the event of a fire. Fire suppression devices/systems include, but are not limited to: • Sprinkler systems; • Handheld fire extinguishers; • Fixed fire hoses; and • Smoke detectors.
Control Enhancement 1
Security Baseline: Moderate, and High

Supporting Procedures
Fire detection devices/systems that activate automatically and notify the organization and emergency responders in the event of fire will be employed.
Control Enhancement 2
Security Baseline: Moderate, and High
Supporting Procedures
Fire suppression devices/systems that provide automatic notification of any activation to the organization and emergency responders will be employed.
Control Enhancement 3
Security Baseline: Moderate, and High
Supporting Procedures
An automatic fire suppression capability will be employed in all facilities that are not staffed on a continuous basis.
TEMPERATURE AND HUMIDITY CONTROLS (PE-14)
Security Baseline: Low, Moderate, and High
Supporting Procedures
For all HRSA information systems, automated mechanisms will be implemented to protect the information system from heat and humidity, and contact appropriate personnel in the event of any issues.
WATER DAMAGE PROTECTION (PE-15)
Security Baseline: Low, Moderate, and High
Supporting Procedures
For all HRSA information systems, automated mechanisms will be implemented to protect the information system equipment by detecting for water levels on the server room floor.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
For all HRSA information systems, automated mechanisms will be implemented to protect the information system from water damage in the event of a significant water leak, without the need for manual intervention.

DELIVERY AND REMOVAL (PE-16)
Security Baseline: Low, Moderate, and High
Supporting Procedures
Information system-related items that enter and exit all facilities will be controlled and authorized by the corresponding HRSA organization responsible for the system. Records will also be maintained for these items. Delivery areas, if possible, will be isolated from areas containing information systems and media libraries to avoid unauthorized physical access.
ALTERNATE WORK SITE (PE-17)
Security Baseline: Moderate, and High
Supporting Procedures
For all HRSA information systems, appropriate management, operational, and technical information system security controls will be employed at alternate work sites, as defined in HRSA's Telework Policy, to provide a means for employees to communicate with information system security staff in case of security incidents. NIST SP 800-46, <i>Security in Telecommuting and Broadband Communications</i> , provides additional guidance on security controls for alternate work sites.
LOCATION OF INFORMATION SYSTEM COMPONENTS (PE-18)
Security Baseline: Moderate, and High
Supporting Procedures
All HRSA information systems' components will be positioned to minimize potential damage from physical and environmental hazards, as well as the opportunity for unauthorized access. Physical and environmental hazards include, but are not limited to: flooding, vandalism, electrical interference, and electromagnetic radiation.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
All HRSA information systems will establish plans for the location, or site, of facilities housing high information systems with regard to physical and environmental hazards. Existing facilities will consider physical and environmental hazards in risk mitigation strategies.
INFORMATION LEAKAGE (PE-19)
Security Baseline: NOT SELECTED

5.8 PERSONNEL SECURITY POLICY AND PROCEDURES

This HRSA Personnel Planning (PS) Policy mandates that all HRSA Bureaus and Offices conform to the established personnel security controls below.

PERSONNEL SECURITY POLICY
Personnel security controls must be established and applied to all HRSA information systems. The appropriate personnel security procedures and mechanisms must be defined and developed during the Planning & Requirements Definition Phase of the system development life cycle, and updated and maintained throughout the remaining life cycle phases for the system in accordance with the SDLC. According to procedures and standards set forth by the Department, the information system must follow such established requirements on personnel transfer, termination, sanctions, and screening, and assign risk designations, complete appropriate access agreements, and ensure that third-party providers abide by such requirements. All HRSA agencies shall review the personnel security controls on an annual basis when the self-assessments are performed. Also, all applicable HRSA policies, procedures, standards, and guidelines must be complied with in addition to applicable federal laws, directives, Office of Personnel Management's policy, guidance and regulations, and guidance from FIPS and NIST.
PERSONNEL SECURITY POLICY AND PROCEDURES (PS-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO will review and update this policy, associated standards and procedures as necessary, and at least <i>annually</i> .
POSITION CATEGORIZATION (PS-2)
Security Baseline: Low, Moderate, and High

Supporting Procedures
1. Position risk designations and associated screening criteria will be used for all HRSA employees, contractors, and volunteer positions. Contractor personnel performing functions or tasks similar to the federal employee positions will be subject to the same suitability/security investigation as required for federal employees. Position categorization will be consistent with the Office of Personnel Management (OPM) Classifier Handbook and 5 CFR (Code of Federal Regulations) Part 731, Suitability. 2. Position risk designations will be reviewed at least annually by Human Resources (HR) in conjunction with the individuals' managers/supervisors requiring access. Investigation types (e.g., NACI, SSBI, etc.) held by personnel must be reviewed annually by the associated Bureau against the positions personnel currently occupy to ensure the investigation type conducted matches their current position. 3. System Owners, Project/Program Managers, or Contracting Officer's Technical Representative (COTR) will be responsible for reviewing the investigation type for contractors annually.
PERSONNEL SCREENING (PS-3)
Security Baseline: Low, Moderate, and High
Supporting Procedures
1. All employees and contractors who require access to HRSA information systems will have a background investigation, commensurate with their level of job responsibilities in compliance with Homeland Security Presidential Directive 12 (HSPD-12), HHS Personnel Security/Suitability Handbook, and OPM 5 CFR Part 731. 2. OIT will only give employees/contractors access to HRSA information systems upon receiving a certification from the Personnel Security Office stating that the employee/contractor has completed the required background investigation. 3. When a HRSA employee moves from one position to another, the higher level of clearance should be adjudicated.
PERSONNEL TERMINATION (PS-4)
Security Baseline: Low, Moderate, and High

Supporting Procedures
For all departing government employees, contractors and volunteers, supervisors will notify HR as soon as the departure is known. The following are specific requirements for the departure/termination process for all employees, contractors, volunteers and other HRSA system users: • Access to all computer systems will be terminated on the last day of employment. • For all system users leaving under adverse conditions, the manager/supervisor will promptly notify the HRSA Help Desk requesting immediate deactivation of the employee's user network/system account. Additionally, the departing employee will be escorted out by security guards when leaving the HRSA premises. • Supervisors will assist DITOCs and PSC in retrieving all organization/system related property including keys, identification cards, building passes, digital and non-digital media (e.g., paper), etc. • Supervisors will direct the IT staff to provide appropriate personnel access to any official records (digital and non-digital) created by the terminated employee.
PERSONNEL TRANSFER (PS-5)
Security Baseline: Low, Moderate, and High
Supporting Procedures
1. The requirements for personnel transfer are the same as in PS-4. 2. HRSA HR will coordinate with DITOCs and PSC to identify personnel reassigned or transferred to other positions within HRSA so that they may verify proper actions have been taken including but not limited to: • reissuing keys; • identification cards; • building passes; • closing old accounts and establishing new accounts; and • changing system access authorizations. 3. When a HRSA employee moves to a new position of trust, clearance will be re-evaluated as soon as possible and not to exceed thirty (30) days of the formal transfer action.
ACCESS AGREEMENTS (PS-6)
Security Baseline: Low, Moderate, and High

Supporting Procedures
1. HRSA HR, in coordination with hiring manager and/or COTR, will ensure that all new employees, contractors and volunteers review and sign the appropriate and necessary access agreements (e.g., non-disclosure forms, Declaration for Federal Employment, etc.) before being granted access to HRSA information and information systems. 2. All access agreements will be reviewed and updated at least <i>annually</i>.
THIRD-PARTY PERSONNEL SECURITY (PS-7)
Security Baseline: Low, Moderate, and High
Supporting Procedures
1. Contractors and vendors performing functions or tasks similar to federal employee positions will be subject to the requirements of this policy including the same suitability/security investigation required for federal employees. This includes vendors and other organizations providing information system development, information technology services, outsourced applications, and network and security management. 2. Acquisition-related documents will explicitly include personnel security requirements consistent with this policy.
PERSONNEL SANCTIONS (PS-8)
Security Baseline: Low, Moderate, and High
Supporting Procedures
1. HRSA will employ a formal sanction process for personnel failing to comply with established information security policy and procedures. 2. Employees in positions of trust, including judiciary, law enforcement, and public safety or health responsibilities, will be held to a higher standard and penalty. 3. More severe disciplines, including removal, may be appropriate for those who have repeatedly violated HRSA security policies and Rules of Behavior (RoB). 4. Sanctions against contractors will be determined by the HR office in conjunction with the associated COTR.

5.9 SYSTEM AND INFORMATION INTEGRITY POLICY AND PROCEDURES

This HRSA System and Information Integrity (SI) Policy mandates that all HRSA information systems must conform to the established system and information integrity security controls stated below.

SYSTEM AND INFORMATION INTEGRITY POLICY
All information system flaws shall be identified, reported, and corrected in a timely manner. HRSA Information Technology Security Staff (ITSS), in coordination with Division of IT Operations and Customer Service (DITOCs), shall monitor security sources (e.g., US-CERT, Symantec, Microsoft, etc.) for vulnerability announcements, patches, non-patch remediation, and emerging threats that potentially impact the HRSA IT infrastructure. All HRSA information systems including workstations, servers, mobile computing devices, and other equipment, shall be equipped with malicious code protection. HRSA OIT shall employ protection mechanisms (e.g. anti-virus software) in place to detect and eradicate malicious code protection transmitted by electronic mail, electronic mail attachments, general Internet access, removable media, or through exploiting system vulnerabilities. These mechanisms shall be updated whenever new releases are available and in accordance with HRSA Configuration Management Policy and Procedures (to be developed). For critical information system, entry and exit points (e.g. electronic mail servers, web servers, proxy servers, remote-access servers) shall be identified and malicious code protection mechanisms at these points shall be deployed in consistency with this policy. All malicious code protection mechanisms (including signature definitions) shall be updated whenever new releases are available. Information systems shall have tools and techniques that shall monitor events, detect attacks, and provide identification of unauthorized use of the system. Tools and techniques include, but are not limited to, intrusion detection systems, intrusion prevention systems, malicious code protection software, audit record monitoring software, and network monitoring software. The level of information system monitoring activity shall be heightened whenever there is an indication of increased risk to organizational operations and assets, individuals, other organizations, or the Nation based on law enforcement information, intelligence information, or other credible sources.
SYSTEM AND COMMUNICATIONS PROTECTION POLICY/PROCEDURES (SI-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO will review and update this policy and associated procedures <i>annually</i> or as necessary.

FLAW REMEDIATION (SI-2)
Security Baseline: Low, Moderate, and High
Supporting Procedures
HRSA Office of Information Technology (OIT) will... • identify information systems containing software affected by recently announced software flaws and the potential vulnerabilities resulting from those flaws; • test every patch, service pack, and hot fix for effectiveness and potential side effects on HRSA information systems before installation; • initiate change requests/change modifications for security patches/ updates so that they can be introduced into the configuration management process; and • expeditiously address (resolve) vulnerabilities discovered during security assessments, continuous monitoring, and incident response activities.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
Information systems will employ automated mechanisms to determine the state of information components with regard to flaw remediation at least <i>quarterly</i>.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
Information systems will employ automated mechanisms to periodically and upon demand determine the state of information system components with regard to flaw remediation.
MALICIOUS CODE PROTECTION (SI-3)
Security Baseline: Low, Moderate and High
Supporting Procedures
Malicious code protection mechanisms will be configured to... • perform periodic scans of all information systems at least monthly or whenever new releases are available whichever comes first; and • address the receipt of false positives during malicious code detection and eradication and the resulting potential impact on the availability of information systems.
Control Enhancement 1
Security Baseline: Moderate and High

Supporting Procedures
The following controls apply to information systems: • Malicious code protection mechanisms will be centrally managed; • Systems will be configured to automatically install updates for malicious code protection mechanisms, including signature definitions; and • Systems will prevent non-privileged users from circumventing malicious code protection capabilities.
INFORMATION SYSTEM MONITORING (SI-4)
Security Baseline: Moderate, and High
Supporting Procedures
The HRSA IRT will employ the following tools to monitor HRSA information systems: • Intrusion Prevention Systems/Intrusion Detection Systems • Anti-virus software • Spyware software • Audit record monitoring software • Network monitoring software Upon receipt of heightened alert notice the IRT will increase the frequency of monitoring. The CISO will maintain contact with the general counsel concerning legal issues pertaining to network monitoring.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
HRSA and contracting organizations acting on behalf of HRSA will employ automated tools to support near real-time analysis of events in compliance with HHS standards and other requirements.
Control Enhancement 4
Security Baseline: Moderate and High

Supporting Procedures
Inbound and outbound communications are monitored for unusual or unauthorized activities or conditions (i.e., presence of malicious code propagating among system components, unauthorized export of information, etc.) via department purchased software and hardware appliances.
Control Enhancement 5
Security Baseline: Moderate and High
Supporting Procedures
The information system provides near real-time alerts when there is an indication of a compromise or potential compromise. Alerts may be generated on audit records or input from malicious code protection mechanisms, intrusion detection or prevention mechanisms, or boundary protection devices such as firewalls, gateways, and routers.
Control Enhancement 6
Security Baseline: Moderate and High
Supporting Procedures
Non-privileged users are prevented from circumventing intrusion detection and prevention capabilities via strict administration of active directory and intrusion detection/prevention policies.
SECURITY ALERTS, ADVISORIES, AND DIRECTIVES (SI-5)
Security Baseline: Low, Moderate, and High
Supporting Procedures
HRSA IRT will... • receive information system security alerts/advisories on a regular basis; • issue alerts/advisories to appropriate personnel; • take appropriate actions in responding to alerts/advisories. To facilitate this process, HRSA OIT may document the types of actions to be taken in response to security alerts/advisories, and maintain contact with special interest groups to facilitate sharing of security-related information, provide access to advice from security professionals, and improve knowledge of security best practices; and • monitor information system security alerts/advisories from software/hardware vendors on a regular basis, and forward and/or disseminate these alerts/advisories to the appropriate personnel.

Control Enhancement 1
Security Baseline: High
Supporting Procedures
HRSA automated mechanisms will be employed to make security alert and advisory information available to all affected personnel within the organization.
SECURITY FUNCTIONALITY VERIFICATION (SI-6)
Security Baseline: High
Supporting Procedures
The System Administrator(s), in coordination with the Information System Security Officer (ISSO), will verify the correct operation of all security functions when anomalies are discovered, or for specific functions of specific systems. Security functions are listed below: • Upon system startup and restart; • Upon command by user with appropriate privilege; • Periodically (e.g., once a month but no less than once a quarter); • Notifies System Administrator; • Shuts the system down; and • Restarts the system.
SOFTWARE AND INFORMATION INTEGRITY (SI-7)
Security Baseline: Low, Moderate, and High
Supporting Procedures
Information systems will be configured to detect and protect against unauthorized changes to software and information through employing integrity verification applications that check for evidence of information tampering, errors, and omissions. Proper software engineering practices may be employed with regard to commercial off-the-shelf integrity mechanisms (e.g., parity checks, cyclical redundancy checks, and cryptographic hashes) as well as tools may be used to automatically monitor the integrity of HRSA information systems and any other applications they may host.
Control Enhancement 1
Security Baseline: Moderate, High
Supporting Procedures
Integrity verification will be completed through monitoring and reassessing the integrity of software and information by performing integrity scans of the system at least quarterly.

Control Enhancement 2
Security Baseline: High
Supporting Procedures
Automated tools will be employed that will provide notification to appropriate individuals upon discovering discrepancies during integrity verification.
SPAM PROTECTION (SI-8)
Security Baseline: Low, Moderate, and High
Supporting Procedures
• Spam protection will be implemented for all HRSA information systems and at critical information system entry points (e.g., firewalls, electronic mail servers, remote access servers and at workstations, servers, or mobile computing devices) on the network. • Spam protection mechanisms will be employed (using products from multiple vendors [e.g., one vendor's product for servers and another for workstations]) to detect and take appropriate actions on unsolicited messages transported by electronic mail, electronic mail attachments, internet access, or other common means. • Spam protection mechanisms will be updated (including signature definitions) when new releases are available in accordance with HHS/HRSA configuration management policies and procedures.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
All spam protection mechanisms will be centrally managed.
INFORMATION INPUT RESTRICTIONS (SI-9)
Security Baseline: Moderate, and High
Supporting Procedures
HRSA will restrict the capability to input information to authorized personnel only. Restrictions on personnel authorized to input information may extend beyond the typical access controls employed by the system to include limitations based on specific operational/project responsibilities.

INFORMATION INPUT VALIDATION (SI-10)
Security Baseline: Moderate, and High
Supporting Procedures
Software developed, including components of major applications and general support systems (e.g. web sites, web applications) will... • include mechanisms for checking the valid syntax, format, and content of data inputs (e.g., character set, length, numerical range, acceptable values) to verify that such inputs match specified defined ranges; and • implement data input rules to prevent input from being unintentionally interpreted as commands. To the fullest extent possible, responsible personnel for acquiring commercial off-the-shelf (COTS) software for HRSA will ensure that such software meets these requirements.
ERROR HANDLING (SI-11)
Security Baseline: Moderate, and High
Supporting Procedures
Error handling will be comprised by the following actions: • Error conditions will be identified and handled in an expeditious manner without providing information that could be exploited by adversaries. • System messages will only be revealed to authorized personnel (e.g., system or network Administrators, developers, support personnel). • Sensitive information (e.g. personally identifiable information) will not be listed in error logs or associated administrative messages.
INFORMATION OUTPUT HANDLING AND RETENTION (SI-12)
Security Baseline: Low, Moderate, and High
Supporting Procedures
Printed and electronic output information will be handled in accordance with HRSA records management policies, applicable laws, Executive Orders, directives, policies, regulations, standards and operational requirements.

6.0 TECHNICAL POLICIES AND PROCEDURES

6.1 ACCESS CONTROL POLICY AND PROCEDURES

This Access Control (AC) Policy mandates that all HRSA information systems conform to the established access security controls below.

ACCESS CONTROL POLICY
Access controls must be configured and applied to all HRSA information systems. The appropriate hardware, software, and procedural access control mechanisms must be defined and developed with the SSP during the Planning & Requirements Definition Phase of the system development life cycle (SDLC), and documented, updated, and maintained throughout the remaining life cycle phases for the system. In addition, access control mechanisms must be configured in order to support the management of information system accounts and enforce access, separation of duties, least privilege, limit of invalid access attempts, and information flow. Information systems must be configured in order to provide a system use notification, session locks, automatic session termination, and identify specific actions that are permitted without identification and authentication. User activity must be supervised and reviewed periodically for inappropriate activities. Remote access methods must be authorized and controlled. Portable and mobile devices must be scanned to protect the agency and must adhere to the HRSA Laptop and Portable Electronic Storage Devices Policy. All wireless access to HRSA information systems must be approved prior to implementation and have all appropriate security controls in place to protect the system and information. Wireless networks (WLANs) shall adhere to the HHS Standard for IEEE 802.11 WLAN. All HRSA staff, including contractors, Commissioned Corps, interns, research analysts and other non-government employees, who are assigned HRSA-provided email or online storage accounts shall use those government-provided resources for conducting any and all official HRSA business. In no case should staff conduct official HRSA business using personal email or personal online storage accounts if a federally-owned or federally-contracted alternative is assigned to them. In the event that personnel mistakenly receive official email in their personal email account, they are responsible for informing the sender of the error, and requesting that the sender re-send that email to their federal email account immediately, while deleting the email from their personal email account. Contractors that use email systems owned and operated by their companies are under the same obligation for all official HRSA business purposes in the event that they are provided HRSA email accounts. Contractors who do not have HRSA email accounts shall use their organization email accounts. Transmission of HRSA “sensitive” information via email must be protected using FIPS 140-2 compliant encryption solution. No

HRSA “sensitive” information shall be transmitted using personal email accounts. ³
ACCESS CONTROL POLICY & PROCEDURES (AC-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO will review and update this policy, associated procedures and guidelines annually or as necessary.
ACCOUNT MANAGEMENT (AC-2)
Security Baseline: Low, Moderate, and High
Supporting Procedures
For all HRSA information systems, the System Administrator, in conjunction with System Owner or designated representative, will manage information system accounts including establishing, activating, modifying, reviewing, disabling, and removing accounts. Information system accounts will be reviewed at least <i>annually</i> for the purpose of disabling or removing accounts no longer required, and modifying access control properties as necessary to align them with the account holder’s job function. HRSA information System Owners will identify authorized system users and assign only the necessary access rights/privileges for the specified user account. HRSA grants access to its information systems based on: (i) valid need-to-know/share by specified job duties and personnel security criteria; (ii) intended system usage.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
Network and System Managers, in conjunction with System Owners, System Administrators, and Information System Security Officers (ISSOs), will employ automated mechanisms to support the management of information system accounts.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures

³ For additional information, see *HHS Usage of Unauthorized External Information Systems to Conduct Department Business Memorandum*, dated January 8, 2014 located at: http://intranet.hhs.gov/it/cybersecurity/docs/policies_guides/Memoranda/hhs-eis-memo.html.

Network and System Managers, in conjunction with System Owners, System Administrators, and Information System Security Officers (ISSOs), will automatically terminate **temporary** accounts at least *annually* and **emergency** accounts at least every *sixty (60) days*.

Control Enhancement 3

Security Baseline: **Moderate and High**

Supporting Procedures

Network and System Managers, in conjunction with System Owners, System Administrators, and Information System Security Officers (ISSOs), will automatically disable inactive accounts on a periodic basis, at least every *sixty (60) days*. (All HRSA users will notify the System Administrator in writing if planning to be absent for an extended time period).

Control Enhancement 4

Security Baseline: **Moderate and High**

Supporting Procedures

Network and System Managers, in conjunction with System Owners, System Administrators, and Information System Security Officers (ISSOs), will employ automated mechanisms to audit account creation, modification, disabling, and termination actions. Auditable events must be reviewed at least *weekly* (see *HRSA Audit and Accountability Policy* for additional information).

ACCESS ENFORCEMENT (AC-3)

Security Baseline: **Low, Moderate, and High**

Supporting Procedures

For all HRSA information systems, System Owner or designated representative, will ensure that access enforcement mechanisms (e.g. access control lists, access control matrices) are used to control access between users, or processes acting on behalf of users and objects, such as data or systems, to match the appropriate role-based access level of the user or object. HRSA will deny network access to all unauthorized devices.

INFORMATION FLOW ENFORCEMENT (AC-4)

Security Baseline: **Moderate and High**

Supporting Procedures

HRSA Network and/or System Manager will incorporate security controls which prevent information from flowing to a user or system not authorized to receive such information in order to preserve data confidentiality and integrity. Information flow access controls must be either directly documented in the applicable system security plan (SSP) or a reference provided in the SSP to the applicable Security Technical Implementation Guide (STIG) or configuration document.

SEPARATION OF DUTIES (AC-5)

Security Baseline: **Moderate and High**

Supporting Procedures
Appropriate divisions of responsibility and separation of duties will be implemented to eliminate any conflict of interest in the responsibilities and duties of information technology personnel and prevent malevolent activity without collusion. In cases where a complete separation of duties is not possible due to staffing limitations, compensating controls will be deployed to meet separation of duties requirements. The ISSO, in agreement with the CISO or CISO designee, will help System Owners determine appropriate compensating controls. Information systems, major applications, and database administration activities must be coordinated between the administrator of those activities and the security managers for those systems. A separation of duties will be established after considering the following factors: • Associated costs; • Associated benefits; and • Available resources. Separation of duties will be implemented through assigned information system access authorizations.
LEAST PRIVILEGE (AC-6)
Security Baseline: Moderate and High
Supporting Procedures
All HRSA <i>moderate</i> and <i>high</i> information systems will be configured to enforce the most restrictive set of rights and privileges or access needed by users, or processes acting on behalf of users, for the performance of specified tasks. Appropriate division of responsibility and separation of duties will be established to eliminate conflicts of interest in the responsibilities and duties of individuals who administer, manage and use HRSA information systems.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
1. Privileged users will be authorized to perform the following: • Setting/modifying audit logs and auditing behavior; • Setting/modifying boundary protection system rules; • Configuring/modifying access authorizations (i.e., permissions, privileges); • Setting/modifying authentication parameters; and • Setting/modifying system configurations and parameters. 2. All users with privileged roles or access to information system accounts will use non-privileged accounts, or roles, when accessing other system functions.

Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
- Privileged users will be authorized to perform the following: - Setting/modifying audit logs and auditing behavior; - Setting/modifying boundary protection system rules; - Configuring/modifying access authorizations (i.e., permissions, privileges); - Setting/modifying authentication parameters; and - Setting/modifying system configurations and parameters. - All users with privileged roles or access to information system accounts will use non-privileged accounts, or roles, when accessing other system functions.
UNSUCCESSFUL LOGIN ATTEMPTS (AC-7)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All HRSA information systems will be configured to lock accounts after a <i>maximum limit of three (3) user</i> consecutive invalid login attempts <i>within 120 minutes</i>. For all <i>low</i> and <i>moderate</i> systems, user accounts will automatically reset in <i>15 minutes</i> after account lockout. Users may also contact the Helpdesk staff and/or System Administrator to reset locked accounts. For <i>high</i> and stand-alone systems not integrated with the HRSA Active Directory, only a System Administrator will be able to unlock user accounts.
SYSTEM USE NOTIFICATION (AC-8)
Security Baseline: Low, Moderate, and High

Supporting Procedures

HRSA Network and Systems Administrators will configure all information systems to display the HRSA approved system use notification banner before the user logs into the system.

Warning banners will contain the following HHS content at a minimum:

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Note: At the recommendation of OIG, should HRSA System Owners need to add content to this model warning banner, they should submit the modified warning banner language to OIG for review and approval prior to implementation. Also, in cases where HRSA information systems have character limitations related to warning banner display, OIG can provide HRSA with an abbreviated version of the warning banner. It is important to note that in some cases the model warning banner may be inconsistent with certain directives, policies, regulations, or standards (e.g., requirements governing special-purpose scientific or medical systems or tracking of personal information on publicly accessible websites). In such cases, HRSA System Owners should assess the applicability of the warning banner language and implement the warning banner where feasible and appropriate.

The banner will remain on the screen until the user takes explicit action to logon to the system.

For external third party Web sites that are categorized “low”, the following banner may be applied:

WARNING

This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. Any and all information may be disclosed or used for any lawful government purpose.

CONCURRENT SESSION CONTROL (AC-10)
Security Baseline: High
Supporting Procedures
General users will be allowed <i>no</i> concurrent sessions. Privileged users will have no more than <i>three (3)</i> concurrent sessions for each system account.
SESSION LOCK (AC-11)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The system will automatically employ a session lock after an inactivity period of <i>fifteen (15) minutes</i>, which will remain in effect until the user reestablishes access using appropriate identification and authentication procedures. System users will initiate a session lock before leaving the computer unattended, which will remain in effect until the user reestablishes access using appropriate identification and authentication procedures.
PERMITTED ACTIONS WITHOUT IDENTIFICATION OR AUTHENTICATION (AC-14)
Security Baseline: Low, Moderate, and High
Supporting Procedures
System Owners or designated representative will identify and document in the associated SSP any specific user actions that can be performed without identification and/or authentication (e.g. public web sites or other publicly available information systems).
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
Actions performed without identification and authentication must be limited to the extent necessary to accomplish mission objectives. The ISSOs will work with the System Owners to ensure such actions are consistent with HRSA IT security policies and standards.
REMOTE ACCESS (AC-17)
Security Baseline: Low, Moderate, and High

Supporting Procedures
All methods of remote access (e.g., Citrix, VPN, etc.) to the HRSA network must be monitored and restricted to only those who require remote access to perform their job duties. Requests for remote access must be reviewed and authorized by the user's manager and submitted to the HRSA Helpdesk for processing. All methods of remote access will use at least <u>two-factor authentication</u> when connecting to the HRSA network from a remote location in compliance with <i>NIST SP 800-63, level 3</i>. See User Identification and Authentication (IA-2) for additional information.
Control Enhancement 1
Security Baseline: Moderate, and High
Supporting Procedures
Automated mechanisms will be employed to facilitate the monitoring and control of remote access methods.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
Cryptography will be employed to protect the confidentiality and integrity of remote access sessions. Cryptography requirements must meet those defined in the HRSA System and Communications Protection Policy.
Control Enhancement 3
Security Baseline: Moderate and High
Supporting Procedures
External access to the HRSA internal network or access from the internal HRSA network to external systems will be limited to designated ports.
Control Enhancement 4
Security Baseline: Moderate and High
Supporting Procedures
Remote access for privileged functions (e.g. system administration) will be granted only for compelling operational needs as determined by the System Owner or ISSO and rationale for such access will be documented in the associated SSP.
Control Enhancement 5
Security Baseline: Moderate and High

Supporting Procedures
Unauthorized remote connections to HRSA information systems will be monitored at least <i>twice weekly</i> .
Control Enhancement 7
Security Baseline: Moderate and High
Supporting Procedures
Remote sessions for accessing privileged functions such as those specified in control AC-6, Enhancement 1, will employ additional authentication and encrypted channel capabilities (which is separate from remote access).
Control Enhancement 8
Security Baseline: Moderate and High
Supporting Procedures
High-risk protocols and services (i.e., Telnet, FTP, etc.) will be disabled, except for explicitly identified components in support of specific operational requirements.
WIRELESS ACCESS RESTRICTION (AC-18)
Security Baseline: Moderate and High
Supporting Procedures
All wireless access to HRSA information systems will be authorized by the HRSA CIO before implementation. All HRSA information systems' personnel, including contractors and volunteers, will not use government furnished computer equipment with installed wireless devices for connecting to public access Wi-Fi hot spots at airports, hotels, restaurants, and other public places. Wireless devices will not be used to transmit, process, or store sensitive information, unless the data is protected with end-to-end encryption commensurate with the sensitivity level of the data. All WLANs will be configured in accordance with the HHS Standard for IEEE 802.11 WLAN and have all security controls in place to protect the system and information.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
For HRSA high information systems, unauthorized wireless access will be monitored at least <i>quarterly</i> .

ACCESS CONTROL FOR MOBILE DEVICES (AC-19)

Security Baseline: **Moderate and High**

Supporting Procedures

Portable and mobile devices (e.g., notebook/laptop computers, removable hard drives, personal digital assistants, etc.) are allowed access to HRSA information systems only under the following conditions:

1. Portable devices must be approved by HRSA OIT before use. In addition, for international travel, an international BlackBerry/Laptop must be requested.
2. Portable devices must be scanned with the most current enterprise virus protection software and virus definitions prior to connecting them to the HRSA network/systems; Portable devices that access the HRSA network must include an identification and authentication (I&A) mechanism consistent with the *HRSA Identification and Authentication Policy*, the *HRSA Laptop Policy* and *Portable Electronic Storage Device Policy*(3.19);
3. Portable devices must be equipped with the most recent protective software (e.g., malicious code protection, firewall). The specific type(s) of protective software will be determined by the OIT staff based on the type of protection the device can support and IT operational requirements;
4. Devices must be included in the established configuration management process; and
5. Unnecessary hardware and software must be disabled before deploying portable devices within the agency.

HRSA managers and supervisors will ensure that all portable and mobile devices employ HRSA approved cryptographic mechanisms consistent with FIPS 140-2 *Security Requirements for Cryptographic Modules* regulation to protect the confidentiality and integrity of data stored. Refer to the *HRSA Media Protection Policy* (3.10) for additional information.

All HRSA BlackBerry users will adhere to the HRSA BlackBerry Policy available at: https://sharepoint.hrsa.gov/oo/oit/DITMSS/Helpful%20LinksFiles/BlackBerry_Policy.pdf.

HRSA managers and supervisors will ensure that portable and mobile devices are properly authorized before being allowed access to HRSA systems. No HRSA personnel, contractor or volunteer will connect portable and mobile devices to HRSA information systems without proper, written authorization.

For HRSA users traveling outside the country, mobile devices will be configured for travel purpose. All mobile devices used for international travel must be sanitized by the HRSA Helpdesk prior to connecting them to the HRSA network/systems.

HRSA will employ automated mechanisms to deny network access to unauthorized connected devices.

Control Enhancement 1

Security Baseline: **Moderate and High**

Supporting Procedures
The use of writable, removable media on HRSA information systems will be restricted to U.S. government only.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
Personally owned removable media will not be used on HRSA information systems.
Control Enhancement 3
Security Baseline: Moderate and High
Supporting Procedures
The use of writable, removable media on HRSA information systems will be restricted.
USE OF EXTERNAL INFORMATION SYSTEMS (AC-20)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All HRSA staff, including contractors, Commissioned Corps, interns, research analysts and other non-government employees, who are assigned HRSA-provided email or online storage accounts must use those government-provided resources for conducting any and all official HRSA business. In no case should staff conduct official HRSA business using personal email or personal online storage accounts if a federally-owned or federally-contracted alternative is assigned to them. In the event that personnel mistakenly receive official email in their personal email account, they are responsible for informing the sender of the error, and requesting that the sender re-send that email to their federal email account immediately, while deleting the email from their personal email account. Contractors that use email systems owned and operated by their companies are under the same obligation for all official HRSA business purposes in the event that they are provided HRSA email accounts. Transmission of HRSA “sensitive” information via email must be protected using FIPS 140-2 compliant encryption solution. No HRSA “sensitive” information shall be transmitted using personal email accounts. HRSA employees and contractors will not use personally-owned devices (e.g. computers, laptops, mobile phones, PDAs, USB drives, etc.) to store, process, or transmit HRSA sensitive information or connect them to HRSA information systems. For additional information on mobile devices, consult the <i>HRSA Laptop and Portable Electronic Storage Devices Policy</i>, and <i>HRSA FWAP Policy</i>. All physical connections to the HRSA network from external bureaus/agencies require written justification based on the business need and must obtain approval in writing by the CIO.
Control Enhancement 1
Security Baseline: Moderate and High

Supporting Procedures

The use of external systems to access HRSA controlled information systems or to process, store, or transmit HRSA-controlled information is prohibited unless the following conditions are met:

- External information systems owned or controlled by federal or non-federal organizations used to access, store, process, or transmit HRSA-owned information, must have security controls in place which meet or exceed HRSA IT security policies and standards. These controls must be conducive to the FIPS 199 security risk categorization and adhere to the NIST SP 800-53 set of security controls, which apply to the systems' security categorization impact levels.
- There must be approved information system connection or processing agreements with the organizational entity hosting the external information system in the form of a Memorandum of Understanding/Memorandum of Agreement (MOU/MOA) or Interconnection Security Agreement (ISA).
- Third party vendors accessing HRSA information systems from un-trusted networks (e.g. Internet) for the purposes of performing maintenance and diagnostic activities must conform to the policy requirements set forth in the Systems Maintenance (MA) Policy(3.9), specifically, the MA-4 security control requirements.

Control Enhancement 2

Security Baseline: **Moderate and High**

Supporting Procedures

For *moderate* and *high* information systems, the use of external systems to access HRSA controlled information systems or to process, store, or transmit HRSA-controlled information is prohibited unless the following conditions are met:

1. External information systems owned or controlled by federal or non-federal organizations used to access, store, process, or transmit HRSA-owned information, must have security controls in place which meet or exceed HRSA IT security policies and standards. These controls must be conducive to the FIPS 199 security risk categorization and adhere to the NIST SP 800-53 set of security controls, which apply to the systems' security categorization impact levels.
2. There must be approved information system connection or processing agreements with the organizational entity hosting the external information system in the form of a Memorandum of Understanding/Memorandum of Agreement (MOU/MOA) or Interconnection Security Agreement (ISA).
3. Third party vendors accessing HRSA information systems from un-trusted networks (e.g. Internet) for the purposes of performing maintenance and diagnostic activities must conform to the policy requirements set forth in the *Systems Maintenance (MA) Policy(3.9)*, specifically, the MA-4 security control requirements.

PUBLICLY ACCESSIBLE CONTENT (AC-22)
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Security Baseline: Low, Moderate, and High

Supporting Procedures

For all HRSA information systems, public accessible content will be controlled by doing the following:

- Only designated individuals will be authorized to post information onto HRSA information systems that are publicly accessible.
- Authorized individuals will be appropriately trained to ensure that only publicly accessible information is posted to public facing HRSA systems.
- All public information content will be reviewed by designated HRSA officials prior to posting onto HRSA's public-facing systems to ensure that non-public accessible information is posted.
- All public facing HRSA systems will be monitored periodically, at least bi-weekly, for the presence of non-public information content. If non-public information content is found, it should be removed immediately upon discovery.

6.2 AUDIT AND ACCOUNTABILITY POLICY AND PROCEDURES

This HRSA Audit and Accountability (AU) Policy mandates that all HRSA information systems and operating divisions must conform to the established AU security controls below.

AUDIT AND ACCOUNTABILITY POLICY
Audit and accountability controls must be configured and applied to all HHS information systems. The appropriate hardware, software, and procedural auditing mechanisms shall be defined and developed during the Planning & Requirements Definition Phase of the system development life cycle, and updated and maintained throughout the remaining life cycle. In addition, audit and accountability mechanisms must be configured in order to generate reports of auditable events. The content of the audit records must capture sufficient information to support after-the-fact investigations. According to procedures and standards, the information system must allocate sufficient space for the storage and retention of audit records, be prepared for audit failure, protect audit information and tools, and system personnel are to perform timely reviews of audit records. All agencies shall review the audit mechanisms on an annual basis when the self-assessments are performed. Logging of auditable events must be used for individual accountability, reconstruction of events, intrusion detection, and problem identification.
AUDIT AND ACCOUNTABILITY POLICY AND PROCEDURES (AU-1)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The HRSA CISO will review and update this policy, associated standards and procedures annually or as necessary.
AUDITABLE EVENTS (AU-2)
Security Baseline: Low, Moderate, and High

Supporting Procedures
All HRSA information systems will be configured to generate and collect audit records. All HRSA information systems will monitor, at a minimum, the following events: • Server alerts and error messages; • User log-on and log-off (successful or unsuccessful); • All system administration activities; • Modification of privileges and access; • Start up and shut down; • Modifications to the application; • Application alerts and error messages; • Configuration changes; and • Account creation, modification, or deletion. HRSA <i>moderate</i> and <i>high</i> systems will monitor the following additional events: • Read access to sensitive information; • Modification to sensitive information; and • Printing sensitive information. HRSA <i>moderate</i> and <i>high</i> information will be halted upon audit processing failure of security logs. The ISSO and System Owner will also define auditable events that are adequate to support after-the-fact investigations of security incidents. Auditable events will be documented in the associated System Security Plan (SSP).
Control Enhancement 3
Security Baseline: Moderate and High
Supporting Procedures
1. System Owners, with the support of the local IT manager and ISSO, will implement, review and update auditable events for their respective systems <i>annually or as necessary</i>. 2. Execution of privileged functions will be included in the list of auditable events.
Control Enhancement 4
Security Baseline: Low, Moderate, and High

Supporting Procedures
1. System Owners, with the support of the local IT manager and ISSO, will implement, review and update auditable events for their respective systems <i>annually or as necessary</i>. 2. Execution of privileged functions will be included in the list of auditable events.
CONTENT OF AUDIT RECORDS (AU-3)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All HRSA information systems will be configured to capture sufficient details of each audited event that could impact security incident investigations. All HRSA information systems will provide the capability to include additional, more detailed information in the audit records for audit events identified by type, location, or subject. For most audit records, the minimum content of audit records will include: date and time of the event; the component of the information system (e.g., software component, hardware component), where the event occurred, type of event, subject identity, and the outcome (success or failure) of the event.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
All HRSA <i>moderate</i> and <i>high</i> information systems will provide the capability to include additional, more detailed information in the audit records for audit events identified by type, location, or subject, including name of file accessed, the program or command used to initiate the event, and source and destination addresses.
Control Enhancement 2
Security Baseline: High
Supporting Procedures
All HRSA <i>high</i> information systems will provide the capability to centrally manage audit data.
AUDIT STORAGE CAPACITY (AU-4)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The System Administrator, in conjunction with the ISSO will allocate sufficient audit record storage capacity and configure auditing to reduce the likelihood of such capacity being exceeded.

RESPONSE TO AUDIT PROCESSING FAILURES (AU-5)
Security Baseline: Low, Moderate, and High
Supporting Procedures
In the event of an audit failure or audit storage capacity being reached, all information systems will be configured to alert the appropriate System Administrators and take appropriate action to ensure the continued operation of audit trail collection and processing. For HRSA <i>moderate</i> and <i>high</i> systems, halt system process upon audit processing failure for security logs only.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
All HRSA high information systems will provide a warning once their audit log volume reaches a pre-defined threshold. All HRSA high information systems will provide a real-time alert to any audit failure event as defined by the ISSO or designated representative.
Control Enhancement 2
Security Baseline: High
Supporting Procedures
The System Administrator, in conjunction with the ISSO will allocate sufficient audit record storage capacity and configure auditing to reduce the likelihood of such capacity being exceeded.
AUDIT REVIEW, ANALYSIS, AND REPORTING (AU-6)
Security Baseline: Low, Moderate, and High
Supporting Procedures
System Administrators will review and analyze audit records at least <i>weekly</i> for indications of any unusual or inappropriate activity. All suspicious activities will be investigated and reported to the System Owner and CISO as required by the <i>HRSA Incident Response Policy</i> in a prompt manner.
Control Enhancement 1
Security Baseline: High

Supporting Procedures
All HRSA <i>high</i> information systems will integrate audit monitoring, analysis and reporting into an overall process and response to suspicious activities.
AUDIT REDUCTION AND REPORT GENERATION (AU-7)
Security Baseline: Moderate and High
Supporting Procedures
All HRSA <i>moderate</i> and <i>high</i> information systems will provide an audit reduction and report generation capability.
Audit reduction, review and reporting tools will be used to support after-the-fact investigation of security incidents without altering original audit records.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
The capability to automatically process audit records for events suggesting or directly indicating suspicious or otherwise abnormal behavior will be enabled.
TIME STAMPS (AU-8)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All HRSA Information systems will provide time stamps (date and time) for use in audit record generation.
Time stamps for all audit records will use internal system clocks synchronized HRSA-system-wide when applicable.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
All HRSA <i>moderate</i> and <i>high</i> information systems will synchronize their internal system clocks <i>at least quarterly</i> with one or more of the federally maintained NTP stratum 1 servers below:
• NIST Internet Time Servers located at: http://tf.nist.gov/tf-cgi/servers.cgi. • U.S. Naval Observatory Stratum-1 NTP Servers located at: http://tycho.usno.navy.mil/ntp.html.

PROTECTION OF AUDIT INFORMATION (AU-9)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All HRSA information systems will be configured to protect audit information and audit tools from unauthorized access, modification, and deletion.
Access to on-line audit logs will be strictly controlled to prevent unauthorized access. System Administrators or IT managers will have read-only access to audit records for review purpose only. In addition, System Administrators will maintain logical access controls for configuration and maintenance functions. HRSA ISSOs and System Administrators will be responsible for monitoring and analyzing audit logs on centrally managed network services.
PROTECTION OF AUDIT INFORMATION (AU-10)
Security Baseline: High
Supporting Procedures
All HRSA <i>high</i> information systems will be configured to protect against an individual falsely denying having performed a particular action.
AUDIT RECORD RETENTION (AU-11)
Security Baseline: Low, Moderate, and High
Supporting Procedures
For HRSA low and moderate systems, audit records will be retained for <i>at least 180 days</i> or by HRSA record retention policy. For HRSA high systems, audit records will be retained for <i>at least 365 days</i> or by HRSA records retention policy. This will provide sufficient support for after-the-fact investigation of security incidents and compliance with regulatory and organizational information retention requirements.
AUDIT GENERATION (AU-12)
Security Baseline: Low, Moderate, and High
Supporting Procedures
All HRSA information systems will be configured to: • provide audit record generation capability for the list of auditable events defined in control AU-2; • allow designated personnel to select which auditable events are to be audited by specific components of the system; and • generate audit records for the list of audited events as defined in AU-2 with the content defined in AU-3.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
All HRSA HIGH information systems will compile audit records of all system components into a system-wide (logical or physical) audit trail that is time-correlated.

6.3 IDENTIFICATION AND AUTHENTICATION POLICY

This HRSA Identification and Authentication (IA) Policy mandates that all HRSA information systems and operating divisions must conform to the established IA security controls below.

IDENTIFICATION AND AUTHENTICATION POLICY

Procedures shall be in place to manage information system authenticators by: (i) verifying, as part of the initial authenticator distribution, the identity of the individual and/or device receiving the authenticator; (ii) establishing initial authenticator content for authenticators; (iii) ensuring that authenticators have sufficient strength of mechanism for their intended use; (iv) establishing and implementing administrative procedures for initial authenticator distribution, for lost/compromised, or damaged authenticators, and for revoking authenticators; (v) changing default content of authenticators upon information system installation; (vi) establishing minimum and maximum lifetime restrictions and reuse conditions for authenticators (if appropriate); (vii) changing/refreshing authenticators; (viii) protecting authenticator content from unauthorized disclosure and modification; (ix) and requiring users to take, and have devices implement, specific measures to safeguard authenticators.

All system identifiers for each user or device shall be managed by establishing unique, user identifications or device identifiers prior to permitting access to information systems connected to the HRSA network. User IDs shall be archived for no less than *three (3) years* to prevent re-use.

All non-organization users shall be properly authenticated prior to gaining access to all HRSA systems and networks (unless a risk-based decision is made for a particular system that does not require non-organization user authentication).

For PKI-based authentication, the information system must: (i) validate certificates by constructing a certification path with status information to an accepted trust anchor; (ii) enforce authorized access to the corresponding private key; and (iii) map the authenticated identity to the user account. All in-person registration of authenticators for HRSA users and devices must be done through a designated registration authority with authorization by a designated organizational official (e.g., supervisor).

In parallel with the implantation of HSPD-12, all HRSA *Moderate* and *High* systems must enforce multi-factor authentication for network access to privileged and non-privileged accounts and enforce multi-factor authentication for local access to privileged accounts. All HRSA *High* systems must enforce multi-factor authentication for local access to non-privileged accounts.

Policy/Requirements Traceability: NIST SP 800-53 Rev. 3; Homeland Security Presidential Directive 12 (HSPD-12), Policy for a Common Identification Standards for Federal Employees and Contractors; and Office of Management and Budget (OMB) M-11-11, Memorandum for the Heads of Executive Departments and Agencies.

IDENTIFICATION AND AUTHENTICATION POLICY AND PROCEDURES (IA-1)
Security Baseline: <i>Low, Moderate, and High</i>
Supporting Procedures
The HRSA CISO reviews and updates the Identification and Authentication policy, associated procedures and standards <i>annually</i> or as necessary.
USER IDENTIFICATION AND AUTHENTICATION (IA-2)
Security Baseline: <i>Low, Moderate, and High</i>
Supporting Procedures
All HRSA information systems will uniquely identify and authenticate users or processes acting on behalf of users, unless explicitly identified and documented in accordance with security control AC-14 Permitted actions without Identification and Authentication. Appropriate means of system authentication will be selected based on the sensitivity of information processed by the system. Appropriate means of authentication might include the number of authentication factors or different authentication mechanisms. Personal Identification Verification (PIV) card will conform to the specifications in FIPS 201 Personal Identity Verification for Federal Employees and Contractors, NIST SP 800-73 Interfaces for Personal Identity Verification, and NIST SP 800-76 Biometric Data Specifications for Personal Identity Verification). The individual PIV Card and pin shall not be shared with any other users. NIST SP 800-63, Electronic Authentication Guideline provides guidelines for authentication of local and remote information system access. In addition to identifying and authenticating users at the information system level (i.e., at system logon), identification and authentication mechanisms will be employed at the application level, when necessary, to provide increased information security for HRSA. Scalability, practicality, and security issues will be considered to ensure ease of use for public access to such information and information systems with the need to protect HRSA operations, organizational assets, and system users.
Control Enhancement 1
Security Baseline: <i>Low, Moderate, and High</i>
Supporting Procedures
All HRSA information systems will employ multi-factor authentication for network access to privileged accounts.
Control Enhancement 2

Security Baseline: <i>Moderate and High</i>

Supporting Procedures
The information systems will employ multi-factor authentication for non-privileged accounts.
Control Enhancement 3
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
The information systems will employ multi-factor authentication for local access to privileged accounts.
Control Enhancement 4
Security Baseline: <i>High</i>
Supporting Procedures
The information systems will employ multifactor authentication for local access to non-privileged accounts.
Control Enhancement 8
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
The information systems will use HRSA defined authentication mechanisms for network access to privileged accounts that uses nonce, one-time passwords, time stamps (Kerberos and TLS).
Control Enhancement 9
Security Baseline: <i>High</i>
Supporting Procedures
The information systems will use HRSA defined authentication mechanisms for network access to privileged accounts that uses nonce, one-time passwords, time stamps (Kerberos and TLS). This requirement will be satisfied with the implementation of HSPD-12.
DEVICE IDENTIFICATION AND AUTHENTICATION (IA-3)
Security Baseline: <i>Moderate and High</i>

Supporting Procedures

The information systems will be configured to identify and authenticate devices prior to establishing a connection. At a minimum, all HRSA information systems will be filtered by MAC and/or IP Address when accessing remote systems.

The following are some examples of areas where this control must be enforced:

- Public Rooms/Kiosks
- Conference Rooms
- Front Desk/Reception Areas
- Training Rooms
- Other open areas

Note: The System Administrators may apply this control to other devices or other areas of the LAN/WAN infrastructure as deemed necessary (e.g., servers, routers, and other network devices).

IDENTIFIER MANAGEMENT (IA-4)

Security Baseline: *Low, Moderate, and High*

Supporting Procedures

User identification and authentication will be performed using the following:

- Each user or device will be uniquely identified;
- Identity of each user will be verified;
- Authorization to issue a user identifier will be received from an appropriate organization official, such as direct supervisor or System Owner/Program Manager;
- User identifiers should be disabled within **24** hours after a notification from a user departing from HRSA or after **60** days or less of inactivity if no notification was received;
- User accounts will not be reused for at least **three (3)** years; and
- User identifiers will be archived.

Account management and types of user accounts will be governed by the access control (AC) policy and the processes outlined in the associated procedures.

AUTHENTICATOR MANAGEMENT (IA-5)

Security Baseline: *Low, Moderate, and High*

Supporting Procedures

A process will be established to manage information system authenticators (e.g., passwords, PINs, PKI certificates, biometrics, and key cards) both for users and devices.

For all HRSA information systems, system/user authentication will be managed by:

- Defining and establishing initial authenticator content for authenticators;
- Verifying the identity of the individual/device receiving the authenticator as part of the initial authenticator distribution;
- Ensuring that authenticators have the sufficient strength mechanisms for their intended use;
- Establishing and implementing administrative procedures for initial authentication distribution, for lost, compromised or damaged authenticators, as well as revoking authenticators;
- Changing default authenticator information upon information system installation;
- Establishing minimum and maximum lifetime restrictions and reuse conditions for authenticators (if necessary);
- Changing/refreshing authenticators periodically for at least the following:
 - Passwords no longer than *sixty (60)* days;
 - PIV Compliant Access Cards for no longer than *five (5)* years; and
 - PKI certificates for no longer than *three (3)* years.
- Protecting authenticator content from unauthorized disclosure and modification; and
- Requiring users to take, and having devices implement, specific measures to safeguard authenticators.

HRSA will follow guidance provided by FIPS 201-1, Personal Identity Verification (PIV), OMB Memorandum 04-04, NIST SP 800-73, 800-76, and 800-78 and 800-63.

Control Enhancement 1

Security Baseline: *Low, Moderate, and High*

Supporting Procedures

All passwords will be encrypted while both in storage and in transmission. Password-based authentication for both user and privileged access will enforce the minimum password requirements:

- MinimumPasswordAge = 1/1
- MaximumPasswordAge = 60/60
- MinimumPasswordLength = 8/8
- PasswordComplexity = 1/1 (min 1 character from the 4 character categories (A-Z, a-z, 0-9, special characters))
- PasswordHistorySize = 24

Control Enhancement 2
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
All registration forms for authenticators, such as PIV cards and other two-factor mechanisms, will be carried out in-person by a designated registration authority with authorization by a designated official.
Control Enhancement 3
Security Baseline: <i>Moderate and High</i>
Supporting Procedures
The registration process to receive two-factor mechanisms will be carried out in-person by a designated registration authority with authorization by a designated HRSA official (e.g., a supervisor).
AUTHENTICATOR FEEDBACK (IA-6)
Security Baseline: <i>Low, Moderate, and High</i>
Supporting Procedures
All information systems will obscure feedback of authentication information during the authentication process to prevent unauthorized users from compromising the authentication mechanisms.
Note: An example of obscuring authentication feedback is displaying “*” when a user types in a password.
CRYPTOGRAPHIC MODULE AUTHENTICATION (IA-7)
Security Baseline: <i>Low, Moderate, and High</i>
Supporting Procedures
All HRSA information systems’ cryptographic authentication mechanisms will comply with applicable laws, regulations and standards for authentication to a cryptographic module. For additional information, see the HRSA System Communication Protection (SC) policy.
IDENTIFICATION AND AUTHENTICATION (NON-ORGANIZATIONAL USERS) (IA-8)
Security Baseline: <i>Low, Moderate, and High</i>

Supporting Procedures

Information systems will uniquely identify and authenticate non-organizational users (or processes acting on behalf of non-organizational users).

6.4 SYSTEM AND COMMUNICATIONS PROTECTION POLICY

This HRSA System and Communications Protection (SC) Policy mandates that all HRSA Bureaus and offices conform to the established system and communications protection controls below.

SYSTEM AND COMMUNICATIONS PROTECTION POLICY

All publicly accessible information systems shall have security controls in place to protect the integrity and availability of the information and applications. All appropriate controls necessary to protect the system information shall be documented in the associated system security plan and adequate resources must be provided to ensure these requirements are met.

For all HRSA information systems, technologies and methods shall be employed to protect against or limit the effects of denial of service attacks. For all HRSA systems that connect to the Internet, networks external to HRSA, and at key internal boundaries within the system, the System Owner, in conjunction with the CISO and network and system administrators, shall establish the use of boundary protection devices, such as proxies, gateways, routers, firewalls, and/or encrypted tunnels. Information systems shall be configured to prevent unauthorized and unintended information transfer, including encrypted representations of information via shared system resources, such as registers, main memory, or secondary storage.

All personally identifiable information (PII) and other sensitive data must be encrypted using a FIPS 140-2 compliant software (e.g., Pointsec, SecureZip) approved by HRSA when transmitted via email and transported on electronic portable devices, such as laptops.

The public shall not have access to HRSA internal systems. If such access is required to perform a mission critical function, it may be granted provided security controls are put in place consistent with HRSA security policies and approval is granted in writing by the CIO and the CISO.

Communications to and from the information system, which pass through the system boundary, shall terminate if there is a failure in the boundary protection mechanisms (e.g. Firewalls, Proxy Servers). This requirement is designed to prevent the unauthorized release of information outside of the information system boundary or any unauthorized communication through the information system boundary.

SYSTEM AND COMMUNICATIONS PROTECTION POLICY/PROCEDURES (SC-1)

Security Baseline: Low, Moderate and High

Supporting Procedures
The HRSA CISO shall review and update this policy and associated procedures <i>annually</i> or as necessary.
APPLICATION PARTITIONING (SC-2)
Security Baseline: Moderate and High
Supporting Procedures
Separation of user and system management functions may be accomplished either physically or logically, and can include the use of the following: • different computers. • different central processing units. • different instances of the operating system. • different network addresses. • or a combination of these methods. System Administrators, in coordination with the System Owner and Information Systems Security Officer (ISSO), are responsible for determining which method(s) for partitioning the application is appropriate for the HRSA environment as well as implementing it.
SECURITY FUNCTION ISOLATION (SC-3)
Security Baseline: High
Supporting Procedures
Security functions are isolated from non-security functions via group enforced policy.
INFORMATION IN SHARED RESOURCES (SC-4)
Security Baseline: Moderate and High
Supporting Procedures
Data remnants produced by the actions of a prior user/role or the actions of a process acting on behalf of a prior user/role shall not be accessible to any current user/role or current process that obtains access to a shared system resource after that resource has been released back to the information system.
DENIAL OF SERVICE PROTECTION (SC-5)
Security Baseline: Low, Moderate, and High

Supporting Procedures
The ISSO, in conjunction with the CISO and the IRT, will define a list of specific types of attacks that require special attention. The list of specific attacks may be documented in the HRSA Incident Response Plan and/or Incident Response Procedures. System and Network Administrators are responsible for determining and implementing the best technologies and methods to prevent or reduce the impact of denial of service attacks.
BOUNDARY PROTECTION (SC-7)
Security Baseline: Low, Moderate, and High
Supporting Procedures
The Network and System Administrators manage testing, documentation, deployment, monitoring and controlling of all boundary protection devices. Boundary protection at designated alternate processing sites will provide the same level of boundary protection as that of the primary HRSA HQ site. The documentation will be available for inspection by department auditors as per FISMA.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
HRSA publicly facing information systems are, as per Division of IT Operational Support Services (DITOSS) network operations procedures, architected for placement in the DMZ.
Control Enhancement 2
Security Baseline: Moderate and High
Supporting Procedures
As per DITOSS network operating procedures there is no public access to the HRSA internal network. Exceptions are handled in accordance with the HRSA IT Security Policy and the DITOSS network branch standard operating procedures.
Control Enhancement 3
Security Baseline: Moderate and High
Supporting Procedures
The HRSA network manager, in conjunction with the CISO and system owners, will determine the appropriate number of access points.

Control Enhancement 4
Security Baseline: Moderate and High
Supporting Procedures
The HRSA CISO and Network Administrator will be responsible for deploying the most effective security architecture possible and implementing controls appropriate to the required protection of the confidentiality and integrity of the information being transmitted.
Control Enhancement 5
Security Baseline: Moderate and High
Supporting Procedures
The HRSA network administrator and IRT explicitly control the boundary protection mechanisms and deny access to all traffic that is not required to perform HRSA missions.
Control Enhancement 6
Security Baseline: High
Supporting Procedures
The Network Administrator and IRT have configured the system boundary protection devices to deny all traffic upon device failure (firewalls, IPS/IDS, etc).
Control Enhancement 7
Security Baseline: High
Supporting Procedures
Any user-initiated traffic and any external, untrusted network traffic will be routed through authenticated proxy servers within the managed interfaces of boundary protection devices.
TRANSMISSION INTEGRITY (SC-8)
Security Baseline: Moderate and High
Supporting Procedures
HRSA employs encryption solutions for transmitting data over un-trusted networks. All encryption solutions are compliant with FIPS 140-2.
Control Enhancement 1
Security Baseline: Moderate and High

Supporting Procedures
HRSA deploys SecureZIP and PGP to protect data integrity during transmission.
TRANSMISSION CONFIDENTIALITY (SC-9)
Security Baseline: Moderate and High
Supporting Procedures
HRSA employs encryption solutions for transmitting data over un-trusted networks. All encryption solutions are compliant with FIPS 140-2.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
HRSA employs encryption solutions for transmitting data over un-trusted networks. All encryption solutions are compliant with FIPS 140-2.
NETWORK DISCONNECT (SC-10)
Security Baseline: Moderate and High
Supporting Procedures
HRSA DITOSS enables a global network policy that forces a termination after each session and after 15 minutes of inactivity for all major applications and all internal and external remote access connections.
CRYPTOGRAPHIC KEY ESTABLISHMENT AND MANAGEMENT (SC-12)
Security Baseline: Moderate and High
Supporting Procedures
HRSA DITOSS documents all cryptographic key procedures in the GSS SSP.
Control Enhancement 1
Security Baseline: High
Supporting Procedures
Availability of information is maintained in the event of the loss of cryptographic keys by users.

USE OF CRYPTOGRAPHY (SC-13)
Security Baseline: Low, Moderate, and High
Supporting Procedures
HRSA DITOSS employs FIPS 140-2 compliant encryption methods for all applications.
PUBLIC ACCESS PROTECTIONS (SC-14)
Security Baseline: Low, Moderate, and High
Supporting Procedures
HRSA ISSOs maintain SSPs for all systems and controls are monitored on a continuous basis by both the ISSO and HRSA ITSS.
COLLABORATIVE COMPUTING (SC-15)
Security Baseline: Low, Moderate, and High
Supporting Procedures
Collaborative computing mechanisms such as video and audio conferencing through the computer, attached video cameras and microphones will comply with the following provisions: • Appropriate controls to account for all authorized users; • Authentication of users via HRSA Active Directory; • Use is restricted to the HRSA intranet and conducting necessary official business where no other forms of communication are sufficient and only when all provisions are met; and • All communications conducted with external third parties are FIPS 140-2 compliant.
PUBLIC KEY INFRASTRUCTURE CERTIFICATES (SC-17)
Security Baseline: Moderate, and High
Supporting Procedures
HRSA provides Public Key Infrastructure (PKI) certificates under an approved HRSA certificate authority. The CIO appoints a HRSA certificate authority cross-certified with the Federal Bridge Certification Authority. The certificates must be used according to <i>HHS Policy for Public Key Infrastructure (PKI) Certification Authority (CA)</i> requirements and guidelines.

MOBILE CODE (SC-18)
Security Baseline: Moderate and High
Supporting Procedures
Where possible, web browsers and other mobile code enabled products will be configured to prompt the user prior to execution; • Where feasible, protection against malicious mobile code technologies shall be employed at end user systems and at system boundaries; • To the extent possible, all HRSA computer systems, servers, workstations, and applications capable of executing mobile code shall be configured to disable the execution of unsigned mobile code obtained from outside the system boundary; • If mobile code technology is planned for use in a HRSA application, the sponsoring System Owner will be required to comply with NIST Special Publication 800-28 <i>Guidelines on Active Content and Mobile Code</i> and NIST Special Publication 800-19 <i>Mobile Agent Security</i>; and The use of mobile code technologies for major applications shall be documented in the associated SSP and include, either directly or by reference, security configuration documentation.
VOICE OVER INTERNET PROTOCOL (SC-19)
Security Baseline: Moderate, and High
Supporting Procedures
At this time, HRSA does not support Voice over IP (VoIP) systems or services.
SECURE NAME/ADDRESS RESOLUTION SERVICE (AUTHORITATIVE SOURCE) (SC-20)
Security Baseline: Moderate and High
Supporting Procedures
Authoritative domain name servers (DNS) are configured to provide data origin and integrity credentials, such as digital signatures and cryptographic keys, in response to resolution queries.
Control Enhancement 1
Security Baseline: Moderate and High
Supporting Procedures
HRSA employs an application that indicates the security status of child subspaces and enable verification of a chain of trust among parent and child domains when applicable (i.e., when operating as part of a distributed, hierarchical namespace.)

SECURE NAME/ADDRESS RESOLUTION SERVICE (RECURSIVE OR CACHING RESOLVER) (SC-21)
Security Baseline: High
Supporting Procedures
Authoritative DNS servers are configured to provide data origin and integrity credentials (digital signatures and cryptographic keys) when requested by client systems.
ARCHITECTURE AND PROVISIONING FOR NAME/ADDRESS RESOLUTION SERVICE (SC-22)
Security Baseline: Moderate and High
Supporting Procedures
All HRSA <i>moderate</i> and <i>high</i> systems that provide name/address resolution services, such as DNS servers, are configured in the following manner to meet fault tolerance and role separation requirements: • DNS servers shall be divided into two distinct roles - internal DNS servers and external DNS servers; • Internal DNS servers will provide name/address resolution information pertaining to both internal and external resources; • External DNS servers will only provide name/address resolution information pertaining to external resources including HRSA publicly available resources; • Users/entities external to HRSA will not be able to query internal DNS servers; • External DNS servers must be available to users/entities on the Internet; • Each external and internal domain must have at least two authoritative DNS servers – a primary and a secondary server to eliminate single point of failure; and Each set of DNS servers, primary and secondary, are located in different network subnets in different facilities.
SESSION AUTHENTICITY (SC-23)
Security Baseline: Moderate and High
Supporting Procedures
HRSA DITOSS has implemented HTTPS and other authenticity measures to ensure the external communications over un-trusted networks.

SESSION AUTHENTICITY (SC-24)
Security Baseline: High
Supporting Procedures
Systems shall fail to a secure and/or safe state, whichever preserves the organization mission/business process.

7.0 ADDITIONAL SECURITY POLICIES

7.1 PASSWORD POLICY

This HRSA Password Policy mandates that all HRSA information systems shall conform to the established password security controls below.

Password Creation and Modification

All HRSA information systems shall be configured to authenticate users and prove their identity – that is, prove that users are who they claim to be – before being granted access to the systems. HRSA information systems shall implement this authentication process by means of passwords. Users shall create their own passwords, so that they are made accountable for their actions.

When creating or modifying passwords, all users shall adhere, at a minimum, to the following requirements (HRSA subdivisions may increase, but not reduce, these requirements):

- Passwords must have a minimum length of eight characters (8) or the maximum the existing system allows, if less than eight characters.
- Passwords shall not contain all or part of the user's account name.
- Passwords shall not contain slang, jargon or personal information.
- Passwords shall not be the same password as for other non-HRSA accounts (e.g., personal email accounts, trading, etc.).
- Passwords *must* contain: English upper-case characters (A-Z), English lower-case characters (a-z), numerical digits (0-9), and at least one special character (e.g. @,!, \$, %). Characters may not be repeated more than once within a succession.
- An automated record of the twenty four (24) most recent previous passwords will be kept for each account, to encourage users to always choose a password that has not been previously used.

In addition to the above criteria, passwords carry additional constraints commensurate with their categorization:

- **User account** passwords must be changed at least once every sixty (60) days but no more frequently than one (1) day.
- **Administrator account** passwords must be changed at least once every sixty (60) days but no more frequently than one (1) day.

Password Management

The following are the requirements for managing system passwords:

- **Password Protection** - It is the responsibility of all HRSA information system users to protect their own passwords.
- **Password Sharing** - Passwords *may not* be shared with other users.
- **Suspected Password Compromise** - Any suspected compromise of a user password shall be reported to the Help Desk immediately. The Help Desk will then inform the Computer Security Incident Response Team of the event, and the Help Desk will assist the user in assigning a new password.
- **Password Lockout** - All HRSA information systems shall be configured in such that user accounts will lock after *three (3)* consecutive failed login attempts. All accounts will automatically reset after *fifteen (15) minutes* of account lockout.
- **Systems Unable to Comply With These Requirements** - All deviations from this policy will be tracked in the system Plan of Action and Milestones (POA&M) and reported to the HRSA Authorizing Official as well as the Department.

7.2 LAPTOP & PORTABLE STORAGE DEVICE SECURITY POLICY

This policy applies to both HRSA-owned and personal laptop computers as well as portable electronic storage devices (PESDs), such as thumb drives, blackberries, and other mass storage devices.

Handling Sensitive and Personally Identifiable Information (PII)

Personally Identifiable Information (PII) or other sensitive information shall be stored only on HRSA-owned laptop computers. PII or sensitive information shall not be stored on personal laptops or other non-government issued portable computing devices or mass storage devices such as USB drives, Firewire, etc.

All PII and other sensitive data must be encrypted using a FIPS 140-2 compliant software (e.g., Pointsec, SecureZip) approved by HRSA. WinZip shall not be used to encrypt PII or sensitive data.

Registration Processes

All HRSA laptop computers shall be registered and tracked by the Property Management Office. HRSA employees and contractors may request a laptop for a limited period of time by submitting a written request to the Helpdesk.

Previously loaned laptops shall be scanned, re-imaged or sanitized in compliance with HHS sensitivity and information privacy requirements before they are issued to other users. See *HHS 2011-0003 Policy for Information Systems Security and Privacy*, dated July 7, 2011.

All personal laptop users shall obtain approval from their supervisor and the HRSA Helpdesk prior to connecting the laptop to the HRSA network.

Antivirus and Encryption Requirements

All HRSA laptop computers, connecting to HRSA systems or carrying HRSA data, must be equipped with current anti-virus and anti-spam software approved by HRSA. All HRSA laptops must be encrypted with a Federal Information Processing Standard (FIPS) 140-2-compliant whole-disk encryption solution (i.e., Pointsec, SecureZip, etc.) that supports a key-recovery mechanism. See *HHS 2008-0007.001S Standard for Encryption*, dated December 23, 2008 for additional information.

All USB drives, including device components, must be encrypted with FIPS 140-2, Level 3 compliant software and must be government-owned to store HRSA data and connect to HRSA information systems. Devices shall not use static unlock code.

Mobile device users shall generate and manage encryption keys securely to prevent unauthorized decryption and access of information. Encryption keys shall not be stored in the same carrying case as the laptop computer

User Account/Inventory Management

OIT or Property Management Office shall maintain a current inventory of HRSA-owned laptops and other devices to prevent loss or damage. HRSA IT systems shall use automated user access controls on servers and workstations to enforce this policy.

OIT Helpdesk shall provide full assistance for all HRSA-issued laptops and other PESDs.

Baseline Configurations

All HRSA laptop computers shall be configured according to OIT configuration standards. (See HRSA CM policy).

All HRSA-owned laptops must display a department-approved warning banner stating the system rules of behavior and/or disclaimer before the user logs in.

All laptop computers shall be synchronized with the HRSA network at least *monthly* for the purpose of backing up data to a system server and downloading the most current software patches and updates.

Authentication/Password Requirements

All laptop users must log in using a strong password consistent with the HRSA Password Policy when accessing HRSA systems (i.e., At least eight (8) characters long and include a combination of upper/lower case letters, symbols, and numbers.) Users shall not set the log-in dialog box to remember their password. All default passwords on new laptops must be changed immediately before use and upon user initial sign in. No guest or local account shall be allowed on HRSA-owned laptops.

When connecting to HRSA network from remote locations, users shall use a HRSA-approved connection methodology.

Physical Security Requirements

Laptop computers and other PESDs are prime targets for theft from offices, homes, airports, and hotels. When traveling with a laptop or other mass storage device, all users must exercise extra care by physically securing the computer, its peripherals and external storage devices.

All laptop users must protect data from the public eye when handling PII and other sensitive information in public areas and keep all identification and authentication information confidential. If system or storage device is stolen or compromised, users

must contact the local law enforcement immediately, and report the incident to the OIT Helpdesk staff or immediate supervisors. (See the HRSA Incident Response SOP and HRSA Incident Response Policy for additional information on incident handling and reporting.)

Laptop users shall not download, install or use unauthorized software programs, unlicensed software, or inappropriate materials.

All BlackBerry users shall adhere to the HRSA BlackBerry Policy available at: https://sharepoint.hrsa.gov/oo/oit/DITMSS/Helpful%20LinksFiles/BlackBerry_Policy.pdf.

International Travel Requirements

All users traveling with a Laptop or BlackBerry overseas must submit a request for an international Laptop/BlackBerry to the Helpdesk. The Helpdesk shall issue a temporary Laptop/BlackBerry containing the same account settings as the user's Laptop/BlackBerry (the user's Laptop/BlackBerry will be inactive for the duration of the trip.)

Users shall shutoff the Laptop/BlackBerry prior to leaving the visiting country and keep it off until the device is returned to the Helpdesk. The Helpdesk shall sanitize the temporary Laptop/BlackBerry immediately upon return and before the user's Laptop/BlackBerry is turned on. The Helpdesk shall notify the user when it is safe to turn on the user's Laptop/BlackBerry.

7.3 INTERNET USAGE POLICY

HRSA system users are permitted limited use of government office equipment for personal needs if the use does not interfere with official business and involves minimal additional expense to HRSA.

Authorized use of the HRSA Internet Resources

- HRSA Internet resources shall be used for valid work requirements (e.g., exchange of information that supports the HRSA mission, goals, and objectives); job-related professional development for HRSA management and staff; access to scientific, technical, and other information that have relevance to HRSA; and business-related communications with colleagues in federal government agencies, academia, and industry.
- HRSA Internet resources may be used for only limited personal use (e.g., brief communications or Internet searches), provided that such use:
 1. Does not interfere with a HRSA user's job performance;
 2. Does not interfere with HRSA computer or networking services;
 3. Does not burden HRSA with additional cost;
 4. Does not use a Government system as a staging ground or platform to gain unauthorized access to other systems;
 5. Does not reflect negatively on HRSA or its employees; and
 6. Does not violate any federal or HRSA rules, regulations, or policies.

Unauthorized use of the HRSA Internet Resources

Unauthorized and improper use of HRSA Internet resources includes, but is not limited to:

1. Concealing or misrepresenting user identity or affiliation in electronic messages;
2. Accessing or altering source or destination addresses of e-mail messages or notifications;
3. Interfering with the supervisory or accounting functions of computer resources, including attempts to obtain system administration privileges unauthorized by System Owners;
4. Using the Internet for activities that are illegal, inappropriate, or offensive to fellow employees, the HRSA organization, or the public (e.g., hate speech, material that ridicules others on the basis of race, creed, religion, color, sex, disability, national origin, or sexual orientation). Seeking, viewing, transmitting, collecting, or storing vulgar, abusive, discriminatory, obscene or harassing messages (including sexually explicit or pornographic materials) is strictly prohibited;

5. Using social networking sites (e.g., Facebook, MySpace, etc.) or other medium to propagate and broadcast offensive, inappropriate or unsolicited messages;
6. Using HRSA resources to send and broadcast chain letters and other resource-intensive materials;
7. Using HRSA resources for commercial purposes or in support of “for-profit” activities or other outside employment or business activities (e.g. consulting for pay, sales or administration of business transactions, endorsing any product or service, sale of goods or services).
8. Using the Internet to create, download, view, store, copy, or transmit materials related to gambling, illegal weapons, terrorist activities, and any other illegal activities;
9. Using HRSA resources to post Agency information to external news groups, bulletin boards, or other public forums without proper authorization. Such action could be perceived as official communication by an HRSA employee acting in an official capacity and is strictly forbidden; and
10. Participating in any lobbying or other partisan political activities, and representing the agency in an official capacity without proper authorization.

Ethical Conduct

The HRSA standards for ethical conduct and appropriate behavior also apply to the use of HRSA IT resources including the Internet. All HRSA users shall conduct activities on the Internet with the same integrity as in face-to-face business transactions.

Internet Security

- All HRSA users shall take appropriate measures to comply with HHS Department-Wide Information Security and Privacy Policy and Information Systems Rules of Behavior to preclude security risks such as viruses and unauthorized disclosure of sensitive information.
- HRSA users, managers, and administrators using HRSA Internet resources shall receive Internet usage training initial and annually thereafter as part of the HRSA security awareness training.

Expectation of Privacy

It’s imperative to protect HRSA IT assets from unauthorized use and other hacking and modification attempts in order to maintain the integrity, confidentiality and availability of the HRSA system. Therefore, HRSA users shall be aware that there can be no expectation of privacy while using any Government-provided Internet access. Any Internet and electronic messaging activities may be subject to periodic monitoring, recording, and audits.

7.4 CITRIX/VPN REMOTE ACCESS POLICY

All methods of remote access to the HRSA network must be monitored and restricted to only those who require remote access to perform their job duties. Requests for remote access must be reviewed and authorized by the supervisor and/or Project Officer. Access will be restricted to only those resources that are required by the individual to perform designated tasks/job duties.

Authentication for remote information system access must be multi-factor in compliance with NIST SP 800-63, **level 3**. Automated mechanisms shall be employed to facilitate the monitoring and control of remote access methods. Cryptography shall be employed to protect the confidentiality and integrity of remote access sessions. Cryptography requirements must meet those defined in the System and Communications Protection Policy. External access to the HRSA internal network or access from the internal HRSA network to external systems shall be limited to designated ports.

Remote access users shall not download content files from the HRSA network into the user's personal storage/computing devices or upload content from personal storage/computing devices to the HRSA network without proper authorization.

The remote access environment for HRSA users shall be Remote-to-LAN. The remote user workstation/laptop computer must have all the latest patches, antivirus updates, and comply with all HRSA policies and procedures.

The user workstation/laptop shall initiate a remote connection session to the HRSA network via an internet service provider. The connection session itself shall be initiated and protected by a FIPS 140-2 compliant Citrix Secure Socket Layer (SSL) client via a web browser that supports 128-bit encryption. The HRSA OIT Division of IT Operations and Customer Services (DITOCs) shall monitor the Citrix connections. The Citrix SSL shall utilize authorized two-factor authentication via RSA tokens and/or authorized smart cards under the access control of the enterprise Active Directory. Citrix SSL sessions shall automatically disconnect following fifteen (15) minutes of inactivity.

RSA tokens are the responsibility of the user, and any lost tokens must be reported to the Help Desk immediately.

DEFINITIONS

Access - Authorization to use the HRSA information, information systems, or applications.

Access Control – The process of granting or denying specific requests: 1) for obtaining and using information and related information processing services; and 2) to enter specific physical facilities. (e.g., federal buildings, military establishments, and border crossing entrances)

Accrediting Authority - See Authorizing Official

Application - A segment of the HRSA information resources that interact to support one or more agency programs. An application usually consists of data entry, reporting, and administration software.

Assurance - Grounds for confidence that the other four security goals (integrity, availability, confidentiality, and accountability) have been adequately met by a specific implementation. “Adequately met” includes (1) functionality that performs correctly, (2) sufficient protection against unintentional errors (by users or software), and (3) sufficient resistance to intentional penetration or bypass. (Defined in NIST SP 800-30, Appendix E).

Audit – Independent review and examination of records and activities to assess the adequacy of system controls to ensure compliance with established policies and operational procedures, and recommend necessary changes in controls, policies, or procedures.

Audit Record – Chronological record of system activities that enable the reconstruction and examination of the sequence of events and changes in an event.

Auditable Events – Organizationally-defined and monitored set of event logs and other records of system accesses and what actions were taken during a given timeframe

Audit Logs - Records of the events that occurred within the HRSA systems and network.

Authentication - Verifying the identity of a user, process, or device, often as a prerequisite to allowing access to resources in an information system.

Authorization – See Accreditation.

Authorizing Official - Official with the authority to formally assume responsibility for operating the HRSA information system at an acceptable level of risk to agency operations (including mission, functions, image, or reputation), agency assets, or individuals.

Availability—(1) The degree to which a system (or system component) is operational and accessible when required for use; (2) A guarantee timely and reliable access to and use of information.

Awareness – See Security Awareness.

Baseline Configuration – A set of documented, well-defined specifications of the hardware and software components that make up an information system.

Backup – A process that copies data and system software to a location separate from the original information. Backups can be used to restore information and systems in the event of failure or loss of access to those resources.

Best Practices – A technique, method, process, activity, incentive or reward that is more effective at delivering a particular outcome than any other technique, method, and processes.

Capital Planning and Investment Control Process (CPIC)—A management process for ongoing identification, selection, control, and evaluation of investments in information resources. The process maps budget formulation to execution and focuses on Agency missions and the achievement of specific program outcomes. (Defined in OMB Circular A-130, (6)(c)).

Certification Agent – The individual, group, or organization responsible for conducting a system security certification.

Change - The implementation, modification, or removal of production systems, applications, or services.

Change Control Board – An entity within an organization that is responsible for formal approval of changes to the information systems. For the HRSA, this organization is known as the Configuration Management Board.

Chief Information Security Officer - The official responsible for carrying out the Chief Information Officer responsibilities under FISMA and serving as the Chief Information Officer's primary liaison to the agency's authorizing officials, information System Owners, and information system security officers.

Computer Security Incident Response Team (CSIRT) – An entity set up within the HRSA for the purpose of responding to computer security-related incidents.

Confidentiality – Preserving authorized restrictions on information access and disclosure, including means for protecting personal privacy and proprietary information.

Configuration Management - The discipline of identifying the configuration of hardware and software systems at each life cycle phase for the purpose of controlling

changes to the configuration and maintaining the integrity and traceability of the configuration through the entire life cycle. Configuration items may include hardware, software, firmware, telecommunications, documentations, test, test fixtures, and test documentation.

Configuration Management Board (CMB) – An entity within the HRSA that is responsible for controlling modifications to hardware, firmware, software, and documentation to protect the information system against improper modifications before, during, and after system implementation.

Contingency Plan (CP) – The HRSA procedures designed to maintain or restore business operations, specifically computer operations, possibly at an alternate location, in the event of emergencies, system failures, or disaster.

Continuity of Operations (COOP) – A pre-determined set of instructions or procedures that describe how an organization's essential functions will be sustained for at least 30 days as a result of a disaster event before returning to normal operations.

Denial of Service (DoS) - The prevention of authorized access to resources or the delaying of time-critical operations.

Designated Approving Authority - See Authorizing Official

Data Integrity - See Integrity

Event - Any observable occurrence in a network or system.

General Support System (GSS) - An interconnected set of information resources under the same direct management control that share common functionality. The HRSA GSS includes its local area network and wide area network.

High-Impact Information System – An information system in which at least one security objective (i.e., confidentiality, integrity, or availability) is assigned a FIPS 199 potential impact value of “high”.

Incident – An occurrence that actually or potentially jeopardizes the confidentiality, integrity, or availability of an information system or the information the system processes, stores, or transmits or that constitutes a violation or imminent threat of violation of security policies, security procedures, or acceptable use policies.

Incident Response Plan (IRP) - The documentation of a pre-determined set of instructions or procedures to detect, respond to, and limit consequences of malicious cyber attacks against the HRSA information system.

Information Security – Technological, operational and managerial procedures or controls applied to computer systems to ensure the availability, integrity, and confidentiality of information managed by the computer system.

Information System – A discrete set of information resources organized for the collection, processing, maintenance, use, sharing, dissemination, or disposition of information.

Information System Owner – The HRSA official that is responsible for the overall procurement, development, integration, modification, and secure operation and maintenance of an information system.

Information System Security Officer – The HRSA individual assigned responsibility by the senior agency information security officer, authorizing official, management official, or information System Owner for maintaining the appropriate operational security posture for an information system or program.

Information Technology - Any equipment or interconnected system or subsystem of equipment that is used in the automatic acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information by the executive agency. For purposes of the preceding sentence, equipment is used by an executive agency if the equipment is used by the executive agency directly or is used by a contractor under a contract with the executive agency which: (i) requires the use of such equipment; or (ii) requires the use, to a significant extent, of such equipment in the performance of a service or the furnishing of a product. The term information technology includes computers, ancillary equipment, software, firmware, and similar procedures, services (including support services), and related resources.

Integrity – The property that data has not been altered in an unauthorized, inconsistent or otherwise improper manner. Data integrity covers data in storage, during processing, and while in transit.

Interconnection Security Agreement (ISA) - An agreement established between the organizations that own and operate connected information systems to document the technical and security requirements of the interconnection. The ISA also supports a memorandum of understanding (MOU) between the organizations.

Least Privilege – The security objective of granting users only those accesses they need to perform their official duties.

Low-Impact Information System – An information system in which all security objectives (i.e., confidentiality, integrity, or availability) are assigned a FIPS 199 potential impact value of “low” and no security objective is assigned a FIPS 199 potential impact value of “moderate” or “high”.

Maintenance - Routine, service-related activity that does not alter the structure, code, or configuration of existing systems. Examples include adding accounts, indexing databases or replacing hard disks.

Major Application (MA) - An application that requires special attention to security due to the risk and magnitude of the harm that may result from the loss, misuse, or unauthorized access to or modification of the information in the application (all federal applications require some level of protection)

Media – Physical devices or writing surfaces including, but not limited to, magnetic tapes, optical disks, magnetic disks, etc., onto which information is recorded, stored, or printed within an information system.

Memorandum of Understanding (MOU) – A document established between two or more parties to define their respective responsibilities in accomplishing a particular goal or mission. MOU defines the responsibilities of two or more organizations in establishing, operating, and securing a system interconnection.

Moderate-Impact Information System – An information system in which at least one security objective (i.e., confidentiality, integrity, or availability) is assigned a FIPS 199 potential impact value of “moderate” and no security objective is assigned a FIPS 199 potential impact value of “high”.

Modification - Includes changes to system structure, code or configuration.

Password - A unique, secret series of alpha, numeric, and/or special characters associated with a particular UserID and selected by the user assigned to the UserID (individual systems and applications may require different password configurations). A password's primary purpose is to protect the UserID from unauthorized use.

Portable Electronic Storage Device (PESD) - PESD refers to mobile electronic storage media and devices. Examples include USB “thumb” drives and portable hard disk supporting USB or Bluetooth connectivity with sufficient on-board memory to enable storage of documents, pictures, or video and a means of connecting them to a host computer.

Personally Identifiable Information (PII) – Personally Identifiable Information (PII) is any piece of information which can potentially be used to uniquely identify, contact, or locate a single person. Some examples of PII include, but are not limited to, a person's full name associated with one or more of the following:

- Social security number;
- Home telephone number;
- Street address;
- Driver's license number;
- Financial account number or credit/debit card number;
- Face, fingerprints, or handwriting;
- Sensitive health-related information; or
- Individual insurance policy information.

Plan of Actions and Milestones (POA&M) – A document that identifies tasks needing to be accomplished. It details resources required to accomplish the elements of the plan, any milestones in meeting the tasks, and scheduled completion dates for the milestones.

Privacy Impact Assessment (PIA) - An analysis of how information is handled to: (i) ensure handling conforms to applicable legal, regulatory, and policy requirements regarding privacy; (ii) determine the risks and effects of collecting, maintaining, and disseminating information in identifiable form in an electronic information system; and (iii) examine and evaluate protections and alternative processes for handling information to mitigate potential privacy risks.

Remote Access – Access to an organizational information system by a user (or an information system) communicating through an external, non-organization-controlled network (e.g., the Internet)

Restore – A process of returning systems and information to their previous functioning conditions.

Risk – The level of impact on organizational operations (including mission, functions, image, or reputation), organizational assets, or individuals resulting from the operation of an information system given the potential impact of a threat and the likelihood of that threat occurring.

Risk Assessment – Is the process of identifying risks to agency operations (including mission, functions, image, or reputation), agency assets, or individuals as a result of the operation of the information system. Part of risk management, synonymous with risk analysis, incorporates threat and vulnerability analyses, and considers mitigation provided by planned or in place security controls.

RSA SecurID Token – Device used for remote access, which generates a randomized number every minute that is required as part of the remote access login password. The RSA acronym stands for Rivest-Shamir-Aldeman, the developers of the algorithm used in the RSA SecurID tokens.

Rules of Behavior (RoB) – The rules that have been established and implemented concerning responsibilities and expected behavior of all individuals with access to the HRSA information system. RoBs clearly delineate responsibilities and expected behavior for all individuals with access to systems.

Security Assessment – Formerly known as Certification, a comprehensive assessment of management, operational and technical security controls made, in support of the system security authorization that determines the extent to which the controls have been implemented correctly, operate as intended, and produce the desired outcome with respect to meeting the security requirements for the system.

Security Authorization – Formerly known as Accreditation, the official management decision given by a Senior Agency Official to authorize operation of an information system and to explicitly accept the risk to agency operations (including mission, functions, image, or reputation), agency assets, or individuals, based on the implementation of an agreed-upon set of security controls.

Security Awareness – The process of informing individuals of importance of information security, the adverse consequences failure to adhere to it and teaching appropriate actions to preserve information confidentiality, integrity and availability. Security awareness efforts are designed to reinforce good security practices.

Security Controls – The management, operational, and technical controls (i.e. safeguards or countermeasures) prescribed for an information system to protect the confidentiality, integrity, and availability of the system and its information.

Security Information - Information that requires protection due to the risk and magnitude of loss or harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information.

Security Policy – The statement of required protection of the information objects.

Security Procedures – Detailed steps to be followed by users, system operational personnel, or others to assist in complying with applicable security policies, standards, and guidelines.

Security Standards – Documents that specify uniform use of specific technologies, parameters, or procedures when such uniform use will benefit an organization.

Security Technical Implementation Guides (STIGs) - “Computer hardening” manuals that document known “best practices” for removing vulnerabilities from information systems.

Security Test and Evaluation (ST&E) – The techniques and procedures employed during the certification process to verify the correctness and effectiveness of security controls in an information system.

Security Training - Classroom or online course work or other activities designed to increase security knowledge.

Sensitive Information – Information that requires protection due to the risk and magnitude of loss or harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information.

Separation of Duties - The practice of dividing roles and responsibilities so that a single individual does not control the entirety of a critical process.

System Development Life Cycle (SDLC) - A formal model of a hardware or software project that depicts the scope of and relationship among activities, products, reviews, approvals and resources. In addition, the period that begins when a need is identified (initiation) and ends when a system ceases to be available for use (disposal). Note: Activities associated with a system include: the system's initiation, development and acquisition, implementation, operation and maintenance, and ultimately its disposal (that may instigate another system initiation).

System Interconnection – The direct connection established between two or more information technology systems for the purpose of sharing data and other information resources.

System Security Plan (SSP) – The formal document that provides detailed security requirements and the Operational, Management and Technical controls in place or planned to be in place to meet those requirements.

Threat - Any circumstance, event, or act that could cause harm to the Agency by destroying, disclosing, modifying, or denying service to automated information resources. (See also environmental threat, human threat and natural threat.)

Virtual Private Network (VPN) – A virtual private network is a logical network that is established, at the application layer of the Open Systems Interconnection (OSI) model, over an existing physical network and typically does not include every node present on the physical network.

Vulnerability - Weakness in an information system, system security procedures, internal controls, or implementation that could be exploited or triggered by a threat source.

UserID - The authorization code assigned by the OIT staff that identifies each individual user. The UserID is used by systems and applications to determine the system role or level of access, if any, available to the user.

APPENDIX A: HHS INFORMATION SECURITY POLICY/STANDARD WAIVER

Requestor's HHS Operating Division (HRSA): _____

Requestor's Title: _____

Date of Request: _____

Requestor's Name: _____

Requestor's Phone Number: _____

Departmental Policy/Standard To Be Waived: _____

FIPS 199 Security Categorization of the Information System(s):

For waivers covering multiple systems, provide the highest impact for each security objective.

Confidentiality: _____ Integrity: _____ Availability: _____

Waiver Justification for Noncompliance or Deviation:

Explain why compliance with this policy/standard is not possible due to technical limitations, conflict with mission requirements, and/or other circumstances.

Compensating Controls:

In the absence of the controls specified by this policy/standard, what compensating controls will be implemented? If applicable, please specify the control number(s) from NIST SP 800-53.

Attach additional sheets if needed to answer these questions. The relevant sections of the System Security Plan may be attached in lieu of entering that information here.

Provide a justification for how the proposed compensating controls will provide a level of security and protection equivalent to the capability or level of security and protection that currently exists for the information system.

Approval and Conditions:

I hereby acknowledge that I have reviewed the aforementioned request for a policy/standard waiver and I certify that the compensating controls necessary to justify the policy/standard waiver are adequate to support this approval.

HRSA CIO and/or Authorizing Official or
Authorizing Official Designated Representative
Signature

Date

Primary Operational IT Infrastructure Manager⁴
(As applicable)
Signature

Date

Upon approval, submit a copy of this waiver to HHS Cybersecurity Program via fax (202-690-8715) or scan and email to HHS.Cybersecurity@hhs.gov. The approver(s) shall retain the original.

Applicable signatories for waivers are: the HRSA CIO, the Authorizing Official or Authorizing Official Designated Representative, and/or the Primary Operational IT Infrastructure Manager. (These roles may be served by the same individual or by two separate individuals; if these roles are served by two individuals, two signatures are required.) Waiver signatories should note the following paragraph:

⁴ The HHS Secretary's Memorandum: *Security of Information Technology Systems*, dated November 10, 2009 identifies the CIOs for CDC, CMS, FDA, IHS, NIH, and OS/ASA as the six primary operational IT infrastructure managers and establishes the requirement for these individuals to concur on all OPDIV-level IT security risk acceptance decisions related to the infrastructures they manage.

This waiver and its applicable justification(s) must be reviewed at least annually by the requesting OPDIV. In addition, waivers must be renewed by HHS signatories (using this form) every three years or when significant changes are made which affect the system categorization, justification for noncompliance and/or compensating controls, unless the HHS CIO grants an exception. Refer to *HHS-OCIO Policy for Information Systems Security and Privacy* for HHS policy on waivers.

APPENDIX B: SECURITY AND PRIVACY CONTRACT LANGUAGE

All information technology (IT) Requests for Proposals (RFPs) and Requests for Quotes (RFQs) will contain the required **security** and **privacy** applicable standard language stated in the HHS Acquisition Regulation (HHSAR) located at: <http://www.hhs.gov/policies/hhsar/subpart352-30s.html>.

In addition, the following Departmental Continuous Monitoring requirements apply to all contractor owned contractor operated (COCO) IT support contracts used to process data on behalf of or owned by HRSA:

Asset Management: Upon request by the government, the contractor shall use any available automated tools to provide an inventory of all information technology (IT) assets, (computers, servers, routers, etc...) that are processing government owned information/data. It is anticipated that this inventory information will be required to be produced at least quarterly. The contractor shall be capable of providing detailed IT asset inventory information, to include IP address, machine name, operating system level, and security patch level. When requested by the government, the contractor shall provide the results of the IT inventory accountability using automated tools to the government within 48 hours. If the contractor is currently not capable of providing an inventory of all IT assets using automated tools, the contractor shall provide the percentage of IT assets that this inventory information can currently be provided for using automated tools. The contractor shall work towards ultimately maintaining a capability to provide an inventory of 100% of its IT assets using automated tools.

Configuration Management: Upon request by the government, the contractor shall use available automated tools to provide visibility into the security configuration compliance status of all information technology (IT) assets, (computers, servers, routers, etc...) that are processing government owned information/data. Compliance will be measured using IT asset and system security configuration guidance provided by the government, for a number of specific IT assets. The automated tools will compare the installed configuration to the government specific security configuration guidance. It is anticipated that this IT asset security configuration information will be required to be produced at least quarterly. When requested by the government, the contractor shall provide the results of the IT asset security configuration compliance status using automated tools to the government within 48 hours. If the contractor is currently not capable of providing security configuration compliance details for the specified IT assets using automated tools, the contractor shall provide the percentage of IT assets that this security configuration compliance information can currently be provided for using automated tools. The contractor shall work towards ultimately maintaining a capability to provide security configuration compliance information for 100% of IT assets using automated tools.

Vulnerability Management: Upon request by the government, the contractor shall use automated tools to detect any security vulnerabilities in all information technology (IT) assets, (computers, servers, routers, etc...) that are processing government owned information/data. It is anticipated that this IT asset security vulnerability information will be required to be produced at least quarterly. When requested by the government, the contractor shall provide the results of the IT asset security vulnerability scans using automated tools to the government within 48 hours. If the contractor is currently not capable of providing security vulnerability scanning results for IT assets using automated tools, the contractor shall provide the percentage of IT assets that this security vulnerability scanning information can currently be provided for using automated tools. The contractor shall work towards ultimately maintaining a capability to provide security vulnerability scanning information for 100% of IT assets using automated tools.

Data Protection: Current federal government security guidance requires that sensitive government information that is stored on laptops and other portable computing devices shall be encrypted using Federal Information Processing Standard (FIPS)-140-2 validated encryption. Upon request by the government, the contractor shall provide the percentage of portable IT assets that are equipped with FIPS 140-2 validated encryption, to encrypt all sensitive government information.

Remote Access: Current federal government security guidance requires that two factor authentication be utilized when remotely accessing sensitive government owned information/data on IT systems (both government owned, and contractor owned systems). Additional federal government security guidance when remotely accessing government owned information/data include the following: connections shall utilize 140-2 validated encryption; connections shall be capable of assessing and correcting system configurations upon connection; connections shall be capable of scanning for viruses and malware upon connection; connections shall prohibit split tunneling; and connections shall require timeout after 15 minutes of inactivity. Upon request by the government (each quarter), the contractor shall provide the following information about the contractor's remote access solutions to government owned sensitive information/data: percentage of current connections that allow connection using only a password; percentage of connections that require the use of a government provided personal identity verification (PIV) card as part of a two factor solution; percentage of connections that require the use of other two factor authentication solutions; percentage of connections that utilize 140-2 encryption; percentage of connections that assess and correct system configurations upon connection; percentage of connections that scan for viruses and malware upon connection; percentage of connections that prohibit split tunneling; and percentage of connections that require timeout after 15 minutes of inactivity

Incident Management: Upon direction from the government, the contractor shall install critical security patches or take other security remediation action as directed to federal agencies by the Department of Homeland Security (DHS) to resolve weaknesses in systems processing government owned information/data. The contractor shall report status and when the directed action has been completed. It is anticipated that this type of urgent security remediation action may be necessary at least 1-2 times per month.